

**ASSOCIATED STUDENTS**  
**California State University, Fullerton, Inc.**  
**AUTHORIZATION TO USE PRIVATELY-OWNED/RENTED VEHICLE**

**STUDENTS**

This form authorizes the use of a personal vehicle or a rental vehicle in the conduct of official business for Associated Students, CSUF, Inc. ("ASI"), subject to prior approval of the Director of Leader & Program Development (TSU-269), on a case-by-case basis. Prior to being authorized for travel and/or being eligible for travel reimbursement, this form must be completed and submitted to TSU-218 with clear copies of the driver's auto insurance card and driver's license. Failure to comply with these instructions may jeopardize reimbursement and/or negatively affect future driving privileges. ***If renting a vehicle, driver must take full insurance coverage from rental agency.***

Name					
Student Leaders	Driving for leadership position? [ ] Yes [ ] No	Position:	Driving for conference? [ ] Yes [ ] No	Club or ICC affiliation	Conference details Date(s):  City:
Home Address					
Telephone No.	Home: Cell:		Email Address		
California Driver's License No.			CWID		
Car #1 Year, Make, Model			Car #2 Year, Make, Model		
Car #1 VIN (not license plate #)			Car #2 VIN (not license plate #)		

I have been convicted of a driving-related offense (with the exception of parking tickets) in the last five years. [ ] Yes [ ] No  
 If you answered "Yes," you are *NOT* authorized to drive until you have spoken with the Director of Leader & Program Development in TSU-269.

By signing this form and initialing after each of the following points, I attest that I have read, understood and agree to abide by the following:

Whenever I drive on ASI-funded activities, I will have a valid driver's license and proof of liability insurance in my possession.	
If driving my own personal vehicle, I certify that it is in safe mechanical condition and meets all requirements of the California Vehicle Code.	
My vehicle is equipped with safety belts in operating condition and my passengers and I will use those safety belts.	
The use of my private/leased vehicle or a rented vehicle is a consequence of my own choice. I save and hold harmless ASI, the State of California, the Trustees of the CSU, CSU Fullerton, and all of their officers, agents, employees and volunteers against any claim arising out of the use of said vehicle while participating in any program, activity or official business of ASI.	
The automobile insurance on the vehicle I am driving meets the minimum requirement as prescribed by California State Law (\$15,000 for personal injury to or death of one person; \$30,000 for injury to or death of two or more persons in one accident; \$5,000 property damage). I understand that my personal automobile liability insurance is the <b><i>primary coverage</i></b> if an accident occurs while I am driving my vehicle on ASI-funded activities.	
This form authorizes me to drive ONLY one of the the above-listed vehicles. If I choose to drive another vehicle, I must complete another Authorization to Use Privately Owned/Rented Vehicle form prior to my departure.	
I understand that ASI prohibits the use of mobile/portable communication devices (cell phone, PDA, BlackBerry, etc.) while driving in connection with an ASI-funded activity – either "hands-free" or otherwise.	
I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance, and that I am authorized to drive only after receiving approval from the Director of Leader & Program Development on a case-by-case basis.	
If an incident/accident should occur while driving in connection with an ASI-funded activity (including any incidental minor damage), I will report same to the Director of Leader & Program Development within 48 hours.	
I understand that permission to drive in connection with an ASI-funded activity is a privilege and may be suspended or revoked at any time.	

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of L&PD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Exec. Director (or designee): \_\_\_\_\_ Date: \_\_\_\_\_

Upon expiration of your driver's license and/or insurance, you must  
 reactivate your authorization by updating your information in TSU 218.  
 Updated January 2011