# Student Driver Application Form

A Student Driver Application is considered incomplete unless ALL forms are turned in at the same time.

<table>
<thead>
<tr>
<th>Requirements for New Student Drivers</th>
<th>Requirements for Returning Student Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Complete if you have not been a registered driver for the past 12 months)</td>
<td>(Complete if you have been a registered driver in the past 12 months)</td>
</tr>
<tr>
<td>□ Attach a copy of your Driver's License to the Student Driver Agreement Form.</td>
<td>□ Attach proof of current/unexpired automobile insurance to the Driver Agreement Form.</td>
</tr>
<tr>
<td>□ Read and complete all sections of the Student Driver Agreement Form (on the attached form).</td>
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<tr>
<td>□ Authorize TAPS to request a copy of your driving record from DMV.</td>
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</tr>
</tbody>
</table>

DMV Offices in Riverside, California:

- 6280 Brockton Avenue, Riverside, CA  800.777.0133
- 6425 Sycamore Canyon Blvd., Riverside, CA  800.877.0133
- 7010 Magnolia Avenue, Riverside, CA  951.801.4151

http://dmv.ca.gov

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**Office Use Only**

Approved ____________ Insurance Expiration Date _____________________

Not Approved ____________ Driver’s License Expiration Date ________________
Section I: Minimum Qualifications for Approval
1. Valid driver’s license.
2. No DUI convictions, reckless driving convictions or any conviction that has led to a license suspension or revocation.
3. Certificate of completion from UCR Driver Training Program.
4. Proof of current/unexpired automobile insurance.
5. No physical impairments that affect driving ability.
6. A minimum of 18 years of age.

Section II: Driver Policies
1. Must have your valid driver’s license in your possession while driving.
2. Must drive safely and obey all state and local laws/ordinances.
3. Must wear a seat belt at all times; must insure passengers are wearing seat belts at all times.
5. Must refrain from consuming alcohol and/or illegal substances; must refrain from prescription or over-the-counter drugs which may cause drowsiness (Check the label or ask pharmacist.).
6. Must refrain from distracting behaviors while driving (e.g., eating, smoking, adjusting radio controls, etc.).
7. Cell phones must not be used while driving in any manner, including texting, even if used with a hands-free device.
8. Must only transport individuals/passengers who are on University business (no family members, hitchhikers, or friends).
9. Must not operate vehicle if any of the following are not operating properly: engine, transmission, brakes, tires, lights, steering.
10. Must not operate in extreme weather including: Heavy rain, snow, ice, fog.
11. A driver may not: drive for more than three consecutive hours or drive more than six total hours per day. After driving for three consecutive hours, a minimum break of 15 minutes is required.
12. A driver may not drive a vehicle that carries more than 10 passengers, including the driver.
13. Must comply with passenger limits on vehicle type (vehicle rating).

Section III: Travel Policies
1. Travel is only allowed between the hours of 5 a.m. and midnight except where operation of vehicle is required during the course and scope of UC employment.
2. Automobile travel is limited to 600 miles or 10 hours within a 24-hour time frame per driver.

Section IV: Driver Authority
1. The driver is responsible for the safe operation of a vehicle and, therefore, has the authority to enforce all policies and to ask for compliance from all passengers; i.e., safety belts.
2. The driver is empowered to discontinue trip until all problems are resolved.

Section V: Driver Agreement Understanding
Please initial every statement.

1. I have and fully understand the information contained in Sections I, II, III, and IV. Additionally, I agree to abide by conditions set forth in those sections.
2. I understand that I am personally responsible for any traffic citations that I may receive and that the University will not cover such costs.
3. I understand that I must report any accident that I am involved in within 48 hours (complete a vehicle accident report).
4. I acknowledge and meet all qualifications listed in Section I.
5. I understand and abide by all driver policies listed in Section II.
6. I understand that any violation that may occur while traveling may be subject to University discipline and/or personal liability.
7. I understand that I am required to immediately notify UCR (Dep’t.) of a suspended driver’s license, DUI citation, any lapse in insurance and moving violations and that failure to inform may lead to further disciplinary action and/or personal liability.
8. I understand that I am required to provide proof of current and valid auto insurance in accordance with the minimum coverage requirements as defined by California Insurance Code §11580.1b.
   • $15,000 for injury/death to one person
   • $30,000 for injury/death to more than one person
   • $5,000 for damage to property
Note: The University highly recommends that each individual obtain coverage in excess of the aforementioned minimum requirements.
   My insurance policy expires: ______________________
9. I understand that I am required to provide a current DMV driving record.
10. I have read and agree to abide by this agreement and the guidelines regarding University vehicle usage as outlined in BUS-46, Use of University Vehicles. http://www.ucop.edu/ucophome/policies/bfb/bus46.html and UCR Policy & Procedures 900-50: Use of University Vehicles
11. I understand that the University insurance and/or self-insurance program will not cover my own property damage or that of another and will not cover any personal injury if I engage in conduct including, but not limited to: intentional acts of misuse; violating of law; racing, stunting, or reckless activities; non-university business; driving with a suspended or revoked license; allowing an unauthorized driver to drive; allowing passengers on non-university business.
12. I understand that students who are not employees are not covered under the General Liability Insurance program.
13. I have read, fully understand, and agree to comply with the contents of this document.

Signature of Student Driver: __________________ Date: ________
Section VI: Release and Indemnity

“I understand that I am not permitted to drive a University vehicle without a current and valid drivers’ license and current automobile insurance coverage. If I drive a vehicle without a current and valid drivers’ license, or on a suspended or revoked drivers’ license, I agree, on behalf of myself, my heirs, executors, administrators, insurers and assigns, to defend, indemnify, and hold harmless the Regents of the University of California, its officers, employees, agents and students for any and all liability, loss, expense (including reasonable attorneys’ fees) for claims for injury or damage, including my own, arising out of my use of the vehicle.”

Signature: ___________________________________________     Date:  __________________

By signing below, the department representative approves the above-named student’s use of a University vehicle. The department agrees to assume financial responsibility for vehicle charges incurred by the student driver, including charges related to the deductible in the University’s self-insurance program.

Faculty Approval (Signature):  _____________________________ Date:  ________________

Department Chair Approval (Signature):  ___________________ Date:  ________________

Staff Approval (Signature):  __________________________________ Date:  ________________