



Date(s) of Trip : _____

Request Date : _____

REQUEST FOR COLLEGE VEHICLE
(MUST BE REQUESTED 48 HOURS IN ADVANCE)
INCOMPLETE FORMS WILL BE RETURNED TO UNIT HEAD

PART I

Requestor _____ Phone # _____
Print Name and Title

Requestor's Signature _____

Unit/School _____ Unit Head/Dean _____

Course (if field trip)/Club or Organization _____

Purpose of Trip _____

Destination _____

Pick-up Location & Time _____ Return Location & Time _____

Number of Passengers _____ Type of Vehicle Required _____

PART II Driver Information

Name _____ Faculty Staff Other (specify) _____

Driver's License #/State _____

I hereby certify that I have a valid driver's license and it is not presently suspended or revoked, that I have read and understand RCNJ's Motor Vehicle Policy and Procedures, and I have received all proper authorization required to drive a College vehicle (as defined in the Motor Vehicle Policy and Procedure).

Will there be additional drivers for this vehicle? Yes No
If yes, complete Additional Driver Form and attach

DRIVER'S SIGNATURE R# DATE

PART III Unit Head's Approval

I hereby confirm that the information contained in Parts I and/or II above is true and that the trip is within the scope of the faculty or staff member's employment responsibilities

Supervisor Approval Date

Part IV For Facilities Use Only

Driver License Verification Date: _____ Defensive Driving Date: _____

Approved Denied Vehicle #: _____ Initials: _____ Date: _____

**REQUEST FOR COLLEGE VEHICLE
Additional Driver Form**

Date(s) of Trip : _____

Request Date : _____

Driver #2

Name _____ Faculty Staff Other(specify) _____

Driver's License #/State _____

I hereby certify that I have a valid driver's license and it is not presently suspended or revoked, that I have read and understand RCNJ's Motor Vehicle Policy and Procedures, and I have received all proper authorization required to drive a College vehicle (as defined in the Motor Vehicle Policy and Procedure).

DRIVER'S SIGNATURE R# DATE

Driver License Verification Date: _____ Defensive Driving Date: _____

Approved Denied Vehicle #: _____ Initials: _____ Date: _____

Driver #3

Name _____ Faculty Staff Other(specify) _____

Driver's License #/State _____

I hereby certify that I have a valid driver's license and it is not presently suspended or revoked, that I have read and understand RCNJ's Motor Vehicle Policy and Procedures, and I have received all proper authorization required to drive a College vehicle (as defined in the Motor Vehicle Policy and Procedure).

DRIVER'S SIGNATURE R# DATE

Driver License Verification Date: _____ Defensive Driving Date: _____

Approved Denied Vehicle #: _____ Initials: _____ Date: _____

Driver #4

Name _____ Faculty Staff Other(specify) _____

Driver's License #/State _____

I hereby certify that I have a valid driver's license and it is not presently suspended or revoked, that I have read and understand RCNJ's Motor Vehicle Policy and Procedures, and I have received all proper authorization required to drive a College vehicle (as defined in the Motor Vehicle Policy and Procedure).

DRIVER'S SIGNATURE R# DATE

Driver License Verification Date: _____ Defensive Driving Date: _____

Approved Denied Vehicle #: _____ Initials: _____ Date: _____