

Authorized Driver Acknowledgment Form

In accordance with the Department of Enterprise Services [Policy No. BR.01.01 Enterprise-Wide Transportation Policy](#), I, the undersigned, acknowledge that on the date indicated below I reviewed, at a minimum, State Driver Responsibilities and State Driver Standards in the Enterprise-Wide Transportation Policy and agree to comply with the requirements established in the policy. I will immediately inform my supervisor should my license be revoked or suspended for any reason. I understand that any behavior not adhering to the Enterprise-Wide Transportation Policy will result in disciplinary action by my agency per [RCW 43.19.635 Motor vehicle transportation service—Unauthorized use of state vehicles—Procedure—Disciplinary action](#).

As an authorized driver of Skagit Valley College vehicles, I certify that:

- I have a valid Washington State driver's license and two or more years of driving experience.
- I will observe all traffic laws, ordinances and regulations, and use safe defensive driving practices at all times. Visit the following link from Washington State Patrol for current information: [Rules of the Road - WSP \(wa.gov\)](#)
- I will inspect the vehicle's windshield wipers, tire pressure, lights, gauges and other safety equipment for functionality and defects prior to departing.
- I will not transport unauthorized passengers such as family members, friends, students from other schools, hitchhikers, etc.; I will not permit any unauthorized driver to operate a college-owned vehicle.
- I will report any traffic accidents to my Supervisor, Director of Facilities, Director of Security, and the Vice President of Administrative Services, with a detailed report.
- I will only travel in WA State express toll lanes when the vehicle has 3 or more occupants and has a Flex Pass mounted to the vehicle windshield set to the HOV mode.
- I will complete the mileage form and fill the gas tank prior to my return to campus. Upon return I will secure the vehicle in the Maintenance bullpen and ensure that the doors are locked. I will turn the completed mileage form, keys, and gas receipt(s) in to Facilities promptly.

Driver Name: _____

Department: _____

Signature: _____

Date: _____

Facilities Use Only:

Valid WA Driver's License? Y/N

Expiration Date: _____