

University Corporation, San Francisco State

*This form is **REQUIRED***

If the answer is no, check no and sign and date at the bottom

Verification of Drivers License & Proof of Automobile Insurance

1. Will your automobile be used routinely for business while you are employed by the Corporation (commuting to and from work is not considered using your vehicle for business)?

Yes

No

If you answered "No" to the above question, complete #7 & #8 at the bottom of this form.

If you answered "Yes" to question #1, complete the remainder of this form.

As required by our liability carrier, employees whose duties necessitate driving vehicles in the course of employment need to maintain certain acceptable standards. Drivers will have less than 4 (four) violation points in a 12 (twelve) month period or less than 6 (six) points in an 18 (eighteen) month period.

2. Name on Driver's License:

3. Date of Birth:

4. Driver's License Number:

Class License:

5. Expiration Date:

6. State of Licensing:

If an employee is permitted to use a **personal vehicle** in the course and scope of their employment, the employee shall provide proof of personal automobile liability insurance with coverage and limits that meet California's minimum requirements.

7. Print Name:

8. Signature: _____ Date: _____

PLEASE NOTE: As a means of addressing necessary measures aimed at reducing losses related to vehicle operation and a requirement regarding our insurance liability coverage, the Corporation is enrolling in the Employer Pull Notice (EPN) Program offered by the DMV. You will be required to complete an **Authorization for Release of Driver Record Information** so we may enroll you in the EPN program in the event you routinely use your personal automobile on business. An application and further information will be provided if you answered "Yes" to # 1 above.