



Environmental Health and Safety,  
Risk Management and Sustainability

**Authorization to Drive on State Business Instructions  
For Non-State Employees and Volunteers**

*IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE EHS/RMS OFFICE AT (559) 278-7422.*

**Step 1. Fill out the following 4 forms (all provided in this packet):**

- Driving Authorization Process form (p.2)
- Authorization for Release of Driver Record Information form (p.3)
- Authorization to Use Privately Owned Vehicles on State Business - if applicable (p.4)
- Volunteer Application and Appointment form (p.5)

**Step 2. Complete DGS Defensive Driving training course – printout required**

- Go to <http://www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx>
- Click on the arrow in the center of the picture to begin training (see figure 1). The training consists of 11 sections and will take between 2-2.5 hours to complete.
- Upon completion, you **must** print the certificate of completion. There is no other way to confirm that you have successfully completed the training. Refer to the instructions in the Course Highlights on the web page. A legible screen shot, use of the “Print Screen” (PrtScn) button or photograph of the certification page is acceptable proof of completion. If you are not sure, contact the EHS/RMS Office.

**Step 3. Provide copy of DMV driving record**

- EHS will review your current DMV driving record – your record must meet University standards. This will take 24-48 hours after we receive your forms; or
- To fast track obtaining your DMV record, you may use one of the two following methods:
  - a. Order online from the California DMV for \$2.00  
<http://dmv.ca.gov/online/onlinesvcs.htm>  
Note: you will need to register with the website first.
  - b. Go to local DMV; pay \$5 for a copy of your driving record.
- Include the copy of your driving record along with your other forms.

**Step 4. Please submit all paperwork listed in steps 1 thru 3 (including contact info) using one of the following methods:**

- Physically turn in paperwork @ EHS/RMS Office at the Plant Operations Bldg, 2<sup>nd</sup> floor
- By campus mail at addressed to M/S PO 140
- Via fax @ 278.1153
- Scans submitted by email to [ehsrmsrequest@csufresno.edu](mailto:ehsrmsrequest@csufresno.edu)
- The **original** copy of The Volunteer Application and Appointment form **must** be sent to the Human Resources Office at Joyal Administration 211, M/S JA 71



Environmental Health and Safety,  
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Driving Authorization Process  
**PLEASE PRINT - Must be legible**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

People Soft ID: \_\_\_\_\_ Fresno State Email: \_\_\_\_\_  
(Student/Employee ID)

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Employee Status:  Volunteer  Non-State Employee \_\_\_\_\_

Department: \_\_\_\_\_

Employed by:  Foundation  Auxiliary  Athletic Corp

Mail Stop: \_\_\_\_\_ Extension: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Please acknowledge by signature below that you will adhere to University Policy Number G 14.1 "University Policy and Risk Management Criteria for Driving on University (State) Business." This policy is located at the following link:

<http://www.fresnostate.edu/mapp/III/G/G-14.pdf>

*I acknowledge and understand that 15 passenger vans must not be rented or used for University business.*

\_\_\_\_\_  
Date Signature Printed Name

**For Office Use Only:**

New:  Renewal:  Test Date: \_\_\_\_\_

Authorization Received:  Volunteer Form:  Date sent to HR: \_\_\_\_\_

DMV Record Received:  Approved: Yes  No

Notes: \_\_\_\_\_



A Public Service Agency

**EMPLOYER PULL NOTICE PROGRAM**

**AUTHORIZATION FOR  
RELEASE OF DRIVER RECORD INFORMATION**

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_,  
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving  
record, to my employer, \_\_\_\_\_  
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at  
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,  
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code  
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my  
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF EMPLOYEE  
**X**

I, \_\_\_\_\_, of \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of  
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am  
requesting driver record information on the above individual to verify the information as provided by said individual. This  
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information  
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any  
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal  
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five  
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I  
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to  
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE  
**X**

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program  
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website  
at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND  
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

**DO NOT RETURN THIS FORM TO DMV.**

# Private Vehicle Authorization

Fill out this form only if you are driving your own personal vehicle on state business.

STATE OF CALIFORNIA

## AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS

STD. 261 (REV. 3-95)

*This approval must be renewed annually.*

*Supervisor: Retain Original Copy*

### I. CERTIFICATION

In accordance with State Policy (*S.A.M. 0753 & 0754*) approval is requested to use privately owned vehicles to conduct official State business.

*I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:*

1. Covered by liability insurance for the minimum amount prescribed by 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). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

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.

*I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).*

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

### II. APPROVAL

*Use of privately owned vehicle on State business must be approved by immediate supervisor.*

SUPERVISOR SIGNATURE	PRINT NAME AND TITLE	DATE APPROVED
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**VOLUNTEER APPLICATION AND APPOINTMENT FORM**

<b>CAMPUS ID #</b>			
<b>NAME:</b>	_____	_____	_____
	Last	First	MI
<b>ADDRESS:</b>	_____		
	Street	City	Zip
<b>PHONE #:</b>	(____) _____		
<b>EMAIL:</b>			
<b>EMERGENCY CONTACT:</b>	_____	(____) _____	
	Name	Phone	
<b>ARE YOU UNDER THE AGE OF 18?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES PROVIDE BIRTHDATE</b> _____			

<b>DEPARTMENT:</b>			
<b>EFFECTIVE DATE:</b>		<b>END DATE:</b>	(not to exceed 1 year)
<b>SUPERVISOR:</b>	_____		_____
	Name	Phone Extension	
<b>SUMMARY OF ASSIGNMENT:</b>			
<b>WILL VOLUNTEER BE WORKING WITH MINORS?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>WILL VOLUNTEER NEED TO DRIVE A VEHICLE ON UNIVERSITY BUSINESS?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>WILL VOLUNTEER NEED TO TRAVEL ON UNIVERSITY BUSINESS?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

This is to acknowledge that I desire to volunteer my services, performing duties similar to those listed above and that services rendered by me will be at the direction of the above named supervisor. I will not be compensated for these services. Further, I understand that I serve at the pleasure of my supervisor.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/Dean Approval

\_\_\_\_\_  
Date