



FACILITIES
MANAGEMENT

Application for Driving Privileges

Please ensure signed form is returned via email to: fleet@mun.ca

The information requested on this form is collected under the authority of the Access to Information and Protection of Privacy Act, 2015 (SNL2015 Chapter A-1.2) and will be used strictly by Facilities Management to administer the Fleet Management Program and for no other purpose. It will be held securely by Facilities Management and will not be disclosed except as required by law. If you have any questions about the collection or use of this information, please contact Facilities Management at 709-864-4885. The information collected on this form is necessary to fulfill Memorial's requirements under the Highway Traffic Act.

Driver's Personal Information: *(Please submit a copy of the front and back of your driver's license along with this form)*

(Please print)

Surname: _____ Middle: _____ Given Name: _____

Date of Birth: (yyyy/mm/dd): _____ Employee ID: _____ TMA # (if applicable): _____

Driver's License #: _____ Class of License: _____ Prov./State: _____

Office Phone Number: _____ Cell Phone Number: _____

Email: _____

University Faculty/Department Information:

(Please print)

Faculty or Administrative Unit: _____ Department: _____

Your Position / Title: _____ Employment Start Date(mm/yyyy): _____

Supervisor: _____ Supervisor Phone Number: _____

Research Unit / Lab: _____

University Driving (anticipated driving for university work)

☐ Daily throughout the year ☐ Seasonally (daily during specific (months)) ☐ Casually throughout the year

Departmental Authorization

Approved By: _____ Signature: _____
(Please print)

Title: _____ Email: _____ Date: _____

Authorization to Access Driving Record Information:

Sign and date this section to authorize Facilities Management to obtain your driver abstract on your behalf on an annual basis. The Registrar of Motor Vehicles will provide the abstract to Facilities Management at no cost to the employee. I hereby authorize my employer, Memorial University, to request and obtain at my employer's expense, a copy of my driver abstract from Motor Registration on an annual basis for each year that I continue to be employed at Memorial University for which I am granted driving privileges.

Signature: _____

Date: _____

*Under the **Carrier Safety Regulations of the Highway Traffic Act (1160/96)**, we are required to maintain records relating to every driver who is employed by Memorial University including a copy of the driver abstract. Memorial University is responsible for ensuring these records are maintained in accordance with these regulations.*

Acknowledgement and Authorization for University Retention of Personal Information

I (the driver) _____ hereby confirm that I am responsible for the following:

- To observe/comply with all traffic laws and regulations
- I have reviewed, understand and meet all requirements of Memorial University's Fleet Management Policy
- I will not operate a university fleet unit while under the influence of drugs, alcohol and/or medications that may cause impairment
- I will not use any electronic devices while operating a fleet unit
- I will not smoke or vape in a fleet unit
- I will refrain from using the university fleet for personal use as it is only to be used for university business
- I will ensure passengers are limited to employees on university business and other authorized passengers
- I will not vandalize, tamper with, damage or alter GPS tracking devices contained within the university fleet
- I will not possess a GPS jammer while utilizing the university fleet
- I will not vandalize or alter the university fleet in any way
- To keep the fleet unit clean and tidy at all times
- To comply with the fuel and maintenance program
- I will cease operation and notify my supervisor and Facilities Management in the event that my driver's license is suspended
- To ensure that the fleet unit being operated is permitted by the class type on my driver's license
- To report any accidents or damage involving university fleet to my unit head/supervisor. An Automobile Accident Report form must be completed by the operator and returned to Enterprise Risk Management
- I am personally responsible for all infractions and penalties that result during the course of operating a university fleet unit
- To complete the Daily Driver's Vehicle Inspection as required and report any unsafe conditions to my supervisor

I acknowledge that I am providing personal information to Facilities Management and that the information provided in this document is true and accurate.

Failure to comply with Memorial University policies, procedures and applicable legislation may result in revoking of university driving privileges.

Signature: _____

Date: _____

Facilities Management Authorization

This form has been approved by Fleet Management at Facilities Management

(FM) Name: _____ Signature: _____ Date: _____