

Date Submitted: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Academic Year: \_\_\_\_\_

## Authorized Driver: Student:

### College of Charleston Driving Requirements

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Student phone number: \_\_\_\_\_

Student email: \_\_\_\_\_

*Any student driving a vehicle for official College business is required to be approved as an 'Authorized Driver.' Approval to drive is good for the current school year – until August 1<sup>st</sup>. This form, along with supporting documents, will need to be submitted to The Office of Environmental Health & Safety for authorization.*

**Driving frequency:** \_\_\_\_ Daily      \_\_\_\_ Weekly      \_\_\_\_ Occasionally

#### Requirements to become an Authorized Driver for Passenger Vehicles (less than 10 passengers)

- Student is 18 years or older
- Complete Driver Safety Training and attach certification
  - Date Completed: \_\_\_\_\_
  - Training is only required once – and does not require a renewal.
- Attach photocopy of driver's license
  - Expires on: \_\_\_\_\_
- Attach a CURRENT, CERTIFIED Copy of your Driving Record from the Highway Department.
  - EXAMPLE: South Carolina records can be obtained online from the DMV:
    - <https://www.scdmvonline.com/DMVpublic/trans/DrvRecWarn.aspx>
  - You will receive an "Unofficial" online copy that can be submitted with this form for authorization. An "Official" copy must be sent to EHS once you receive it in the mail.

**Additional Requirements for Other Types of Vehicles** Special training and authorization must be provided for vehicles with a stated capacity of more than 10 passengers or other any other specialized vehicles. .

- Additional driver safety training:
  - Date Completed: \_\_\_\_\_ Type of vehicle authorized to drive: \_\_\_\_\_
- Signed statement that the driver is aware of the risks associated with operating such a vehicle and will observe all relevant laws, rules, and regulations and instructions received through the College regarding the operation of such vehicle.

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Student is approved as an Authorized Driver: Date: \_\_\_\_\_ Authorized by: \_\_\_\_\_

DRIVER TRAINING REQUIREMENTS

(In accordance with Vehicle Use Policy, effective 9-1-11)

**STUDENT Training for Vehicle Use in Accordance with College of Charleston Policy<sup>1</sup>**

**Student Name**

\_\_\_\_\_

*Please Print*

**Organization**

\_\_\_\_\_

*Please Print*

By signing below, I confirm and acknowledge that I,

- confirm that I have a valid driver's license
- participated in the training program for Vehicle/Driving Safety, and
- read the Vehicle Use Policy, and
- understand the information contained in the policy and my obligations for the privilege to operate a vehicle at/for the College of Charleston, and
- have been provided the opportunity to ask questions about the training and this policy, and
- have been provided instructions on how to and who to contact if at any time I have questions or concerns about this policy or operating a vehicle at/for the College of Charleston.

**Training Date**

\_\_\_\_\_

\_\_\_\_\_

**Student Signature**

\_\_\_\_\_

**Date**

**IF I HAVE BEEN PROVIDED TRAINING FOR PASSENGER VANS HAVING A CAPACITY OF MORE THAN 10 PASSENGERS**, by signing below I am also acknowledging the risks associated with operating such a vehicle and I represent and warrant to the College that I will observe all relevant laws, rules, and regulations, and all instructions received by the College, regarding the operation of such vehicles.

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Trainer Signature

\_\_\_\_\_

Date

<sup>1</sup> Each Department must maintain this documentation along with any other training certification documents provided by EHS for a period of three years from the date of initial training.