

SOUTH PLAINS COLLEGE

VEHICLE OPERATION FORM

NOTE: Complete this form and return only if you are age 21 or older!

I HEREBY AUTHORIZE SOUTH PLAINS COLLEGE AND/OR ITS INSURANCE CARRIER TO OBTAIN MY DRIVING HISTORY RECORDS AT ANY TIME FOR EMPLOYMENT PURPOSES.

PRINTED NAME

DRIVER'S LICENSE NUMBER

SIGNATURE

DATE

AS AN OPERATOR OF ANY SOUTH PLAINS COLLEGE VEHICLE, I AGREE TO ABIDE BY THE FOLLOWING REGULATIONS:

1. I WILL COMPLY WITH ALL FEDERAL, STATE, AND LOCAL TRAFFIC REGULATIONS TO INCLUDE SPEED LIMITS.
2. I WILL REPORT ALL ACCIDENTS TO APPROPRIATE COLLEGE AUTHORITIES AS SOON AS POSSIBLE.
3. I WILL LIMIT USE OF THE VEHICLE TO OFFICIAL COLLEGE BUSINESS ONLY. THE ONLY AUTHORIZED PASSENGERS ARE THOSE TRAVELING ON OFFICIAL COLLEGE BUSINESS.
4. I WILL REQUIRE ALL PASSENGERS TO WEAR SEAT BELTS.
5. I AM RESPONSIBLE FOR THE VEHICLE OPERATION AND SAFETY OF ALL PASSENGERS AND I WILL NOT OPERATE THE VEHICLE IN AN UNSAFE CONDITION.
6. I WILL REPORT ALL CITATIONS/ SUMMONSES FOR MOVING VIOLATIONS TO THE APPROPRIATE COLLEGE AUTHORITIES AS SOON AS POSSIBLE.

ACKNOWLEDGEMENT: _____

OPERATOR

DATE: _____

ATTACH A COPY OF YOUR DRIVERS LICENSE AND TEST TO THIS FORM AND RETURN TO:

Director Physical Plant
Levelland Campus
Box 130