DRIVER AUTHORIZATION FORM

All Drivers of University Owned Vehicles Must Be Approved Annually

Recertification_____
1st Training _____

1. Complete and sign the form - have your supervisor sign - take to The Safety and Security Department (76 Park St. Ground Floor) for training (if necessary) and DMV license check/license abstract.

2. Provide copy of your driver's license for New York State and all other States/Provinces License Abstract with the application.

3. Completed form with copy of license check /license abstract will have final approval by Director of Safety and Security and distributed to the approved driver listings maintained by Safety and Security.

4. Signed copy of Mobile Technology Device While Driving Procedure must be attached to Driver Authorization Form

5. This form must be completed and approved on an annual basis by July.

DRIVING PORTION ONLY NEEDS TO BE SUCCESSFULLY COMPLETED ONCE AND RECERTIFICATION PAPERWORK MUST BE DONE ONCE A YEAR.

NAME_____DATE OF BIRTH_____YR.GRADUATED_____

(PLEASE PRINT OR TYPE)

ADDRESS – Campus SMC #_____DORM_____PHONE #_____

Home-_____
(Street) (City) (State) (Zip Code)

DRIVER'S LICENSE_____
Please attach a copy (Number) (Class) (State of Issue) (Expiration Date)
of your license or license abstract

List all accidents or convictions within the last 36 months:_____

_____

Years of Driving Experience _____

*** STUDENTS*** WOULD YOU BE WILLING TO DRIVE FOR OTHER DEPARTMENTS? _____

I certify that the information presented above is correct and that I will report any change to the University promptly. I hereby authorize the University to obtain a Department of Motor Vehicles' report of my driving records for New York State or provided a current license abstract for my driving record.

_____ _____
(SIGNATURE) (DATE)

Department Name _____
(work for or sponsored by) (DATE)

Department Supervisor's _____
Signature (PRINT NAME)

ALL VAN DRIVERS MUST COMPLETE THE DRIVER TRAINING VIDEO YOU WILL RECEIVE AFTER COMPLETEING THE DRIVING PORTION.

SAFETY AND SECUITY OFFICE USE ONLY

COPY OF LICENSE/ ABSTRACT _____

DRIVER SIGNATURE & DATE _____

DEPARTMENT/DEPARTMENT SUPERVISOR SIGNATURE & DATE _____

Mobile Technology Device While Driving Procedure SIGNED_____ DATE_____

CHECK & APPROVAL OF LICENSE BY_____Date_____

Driver Training Course Completed: Date_____ Signature of Trainer_____

Van Authorized _____Yes _____No

Director Safety & Security and Emergency Management_____ Date_____

St. Lawrence University

Mobile Technology Device While Driving Procedure

St. Lawrence is committed to promoting the safety of its Faculty, staff, and students and the public. Accident statistics show that using mobile devices while operating a motor vehicle can be highly distracting and significantly increases the risk of being involved in a crash.

For purposes of this procedure, **mobile devices** include, but are not limited to, cellular phones, smartphones, laptops, tablets, personal digital assistants (PDAs), navigation systems, and portable digital audio or video players.

This applies to **all faculty, staff, and students operating a university vehicle, or any other vehicle (including rented, leased, borrowed, or personally-owned vehicles) while conducting university business**.

Procedure Requirements

Faculty, staff, and students must comply with the following requirements when driving on behalf of St. Lawrence University:

1. Compliance with Laws
Faculty, staff, and students must comply with all applicable federal, state, and local laws and regulations regarding the use of mobile technology while driving (the Governors Highway Safety Association maintains a list of state and local restrictions on cellular phone use).

2. Handheld Device Prohibition
The use of handheld mobile devices while operating a motor vehicle on University business is strictly prohibited.

3. Hands-Free Device Use
Use of hands-free mobile devices while driving is discouraged and should be reserved for emergencies. Faculty, staff, and students should avoid making or receiving calls while operating a vehicle. If communication is necessary, calls should be brief and limited. Faculty, staff, and students are encouraged to pull over and park safely before placing or returning calls.

4. Prohibited Activities While Driving
The following activities are strictly prohibited while operating a motor vehicle on University business:

- Sending, reading, or responding to text messages or emails
- Dialing a cellular phone or manually entering phone numbers
- Accessing applications, browsing the internet, or reviewing documents
- Viewing or streaming videos or other visual media
- Entering or retrieving data from laptops, tablets, navigation systems, or other electronic devices
- Any activity involving a mobile device that distracts attention from safe vehicle operation

5. GPS / Navigation Systems
Navigation systems or mapping applications should be programmed before the vehicle begins moving. Faculty, staff, and students should not enter or adjust navigation information while the vehicle is in motion. If changes are necessary, the driver must safely pull over and park before making adjustments.

6. Safe Driving Expectations
Faculty, staff, and students are expected to give their full attention to driving at all times. If you need to use a mobile device for any reason, you must first safely pull over and park the vehicle in an appropriate location.

7. Accident Reporting and Violations
Faculty, staff, and students involved in a motor vehicle accident while conducting University business must follow established accident reporting procedures. Accidents that occur while an employee is using a mobile device in violation of this document may be considered preventable incidents.

Failure to comply with this procedure may result in disciplinary action.

I acknowledge that I have received, read, and understand the Company's **Mobile Technology Device While Driving Procedure**. I agree to comply with the requirements outlined in this document and understand that failure to do so may result in disciplinary action.

Name: _____

Signature: _____

Date: _____

******PLEASE ATTACH YOUR DRIVER AUTHORIZATION FORM******