STATE VEHICLE DRIVER PROGRAM
Enrollment Form

The intent of this form is to register participants of the University State Vehicle Driver Program.
This form does not register participants for driver training classes.

Please provide your **official name as it appears on your [California] Drivers License**. If you are commonly known by another name, please include it in ( ). Return the completed form, with signature and date, to: Corporate Yard Bldg., Room 244, Office of Risk Management.

- Name: _____
- Valid California Driver License#: _____
- Which college, department or office do you represent:

_____

- Are you a (check one): Staff ☐ ; Faculty ☐ ; Student Assistant ☐ ;
  Student ☐ ; Volunteer Employee ☐

Please provide an email address:_____

- Have you attended a State approved Defensive Driving course within the last 4 years? Yes ☐ No ☐

  A person who drives no more often than once per month need not complete a defensive driving course; please check here if this applies to you ☐ .

- Do you ever drive your private vehicle on state business? Yes ☐ No ☐
  If yes, please submit the form STD 261 - *Authorization to Use Privately Owned Vehicle on State Business"* ***and Proof of Vehicle Insurance (I understand that my private vehicle insurance is primary in the event of an accident)*** *to the Risk Management Office, Corporate Yard Building, Room 244.*

Please read and sign: "I am in possession of a valid California or other state driver's license. I certify that I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve month period."

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Signed Dated

Risk Management Office ext.: (323) 343-3534 Fax: (323) 343-3464
DDT Form – 09/2014 (Rev.)