

DATE: _____

This form should be used to request the use of state vehicles. A maximum of three vehicles may be requested on one form. Please complete the form electronically. Once all signatures are obtained, email form to vehiclerequest@potsdam.edu. To cancel the use of the vehicle(s) or make any changes after it is assigned, call Physical Plant Administrative Assistant at x2598. Be alerted that there is a charge of \$14.00 for failure to call ahead for cancellation. Rates are \$14/day or \$.70/mile (whichever is greater). If you have any questions about availability or requesting a vehicle, please contact the facilities department at (315)267-2598.

DRIVER'S NAME (#1): _____ EMAIL: _____

DRIVER'S NAME (#2): _____ EMAIL: _____

DRIVER'S NAME (#3): _____ EMAIL: _____

DEPARTMENT: _____ PHONE: _____ ACCOUNT: _____

& TYPE OF VEHICLES: # _____ 12 PASS VAN OTHER NEEDS _____ TRAILER

DESTINATION: _____ CITY/STATE: _____

DEPARTURE DATE: _____ TIME: _____ RETURN DATE: _____ TIME: _____

LIST OF PASSENGERS:

DRIVER'S LICENSE MUST BE ON FILE WITH THE PHYSICAL PLANT OFFICE PRIOR TO TRAVEL

- I CERTIFY:
- I HAVE A VALID NYS DRIVER'S LICENSE
 - THIS TRAVEL IS FOR STATE BUSINESS
 - I HAVE READ THE VEHICLE POLICY AND ACCEPT ALL DRIVER RESPONSIBILITIES AS STATED IN THE VEHICLE POLICY
 - THAT I WILL NOTIFY THE APPROPRIATE OFFICE OF ANY PASSENGER CHANGES PRIOR TO LEAVING THE CAMPUS (SEE VEHICLE POLICY FOR SPECIFIC REQUIREMENT)
 - I AUTHORIZE SUNY POTSDAM, OFFICE OF PHYSICAL PLANT, TO VERIFY MY DRIVER'S LICENSE INFORMATION UTILIZING THE DMV LENS PROGRAM TO DETERMINE MY ELIGIBILITY TO DRIVE A COLLEGE OWNED/LEASED VEHICLE.

DRIVER (#1) CERTIFICATION & AUTHORIZATION SIGNATURE

DRIVER (#2) CERTIFICATION & AUTHORIZATION SIGNATURE

DRIVER (#3) CERTIFICATION & AUTHORIZATION SIGNATURE

SGA OFFICER AUTHORIZATION SIGNATURE (IF APPLICABLE)

DEPARTMENT HEAD/ADVISOR AUTHORIZATION SIGNATURE

DEAN OF STUDENT'S SIGNATURE (IF APPLICABLE)

VICE PRESIDENT SIGNATURE (*FOR OUT OF STATE TRAVEL*)

AFTER SIGNATURES ARE OBTAINED, PLEASE SUBMIT TO PHYSICAL PLANT OFFICE ELECTRONICALLY