



DEPARTMENTAL AUTHORIZATION FOR USE OF PERSONAL VEHICLE ON UNIVERSITY OF ARIZONA BUSINESS

Drivers who use personal vehicles for university business are required to obtain written authorization from their department per the UA Fleet Safety Policy, Section 6.0. Completion of this form meets this requirement for the University of Arizona.

The individual named below is authorized to use their personal vehicle to conduct official business for the University of Arizona. This authorization is valid only for driving performed for the authorizing university department. The authorizing department may rescind this authorization at any time.

By signature below, vehicle owner and authorizing university department understand and agree to the following provisions:

- Vehicle owner has completed the UA Driver Registration and Motor Vehicle Record Check Form
• Vehicle owner has reviewed the UA Fleet Safety Policy.
• Vehicle owner agrees that the UA does NOT provide any insurance coverage for damage to his/her personal vehicle.
• Vehicle owner agrees that UA insurance for auto liability while driving on UA business is excess the vehicle owner's personal liability insurance, and will not apply to any claim or loss until personal auto liability insurance limits are exhausted.
• Vehicle owner agrees to maintain at least minimum statutory limits of liability insurance for any personal vehicle used for UA business, and to provide the authorizing department a copy of their insurance coverage card with signature of this form, and upon each policy renewal.

Vehicle Owner (type or print) _____

Owner's Status (check one): Faculty ____ Staff ____ UA Student ____ UA Volunteer ____

This Authorization shall be valid until (select one):

_____ The following expiration date: _____

_____ 6 months from the date on this form, which will be on the following date: _____

_____ Authorization shall remain valid as long as vehicle owner is affiliated with the UA, meets UA driver authorization criteria, and maintains current required liability insurance coverage for their personal vehicles used on UA business.

Vehicle Owner Signature: _____ Date: _____

Authorized Administrator Signature: _____ Date: _____

Administrator Printed Name & Title _____

FILING INSTRUCTIONS: Keep original in Authorizing Department business office. Provide a copy to the Vehicle Owner.