

# THOMPSON RIVERS UNIVERSITY

## Driver Information Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

I have a valid Class \_\_\_\_\_ Driver's Licence No. \_\_\_\_\_

My Driver's Abstract dated \_\_\_\_\_ (must be current) is attached along with a copy of my class 5 driver's license (class 4 if transporting more than 9 passengers plus the driver).

I certify that I have no moving violations, no impaired driving charges, and no criminal charges related to a motor vehicle in the past 24 months.

### To be completed for when using a private vehicle:

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Vehicle Place No. \_\_\_\_\_

The vehicle has \$ \_\_\_\_\_ Third Party Liability Insurance. (A minimum of \$10,000,000 is required for any vehicle with the capacity to carry more than 10 people including the driver.)

The vehicle is maintained in a safe operating condition and will be equipped with tires appropriate for winter driving conditions.

The vehicle has \_\_\_\_\_ operating seat belts.

The vehicle has a minimum \$2M Third Party Liability Insurance.

I agree to wear a seat belt and require all passengers to wear a seat belt. I agree to operate the vehicle in a safe and legal manner. **I also agree that I will not use a cell phone of any kind while operating the vehicle.**

\_\_\_\_\_  
Printed Name of Driver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Driver

This form is to be kept on file by the department head/direct supervisor