

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