



# College of the Redwoods Automobile Use Permission Form

FISCAL YEAR 2024-2025

Please complete this form with your manager prior to any travel.

Please check appropriate box:

Employee

Temp Employee

Student

Volunteer

Name: \_\_\_\_\_ CR ID #: \_\_\_\_\_ (Employee ID or Student ID)

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

Driver's License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Year & Make of Auto: \_\_\_\_\_ License Plate No.: \_\_\_\_\_

Insurance Carrier/Agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Liability Limits: \_\_\_\_\_

Driving Restrictions: \_\_\_\_\_

*I certify the above information is correct, current and the insurance coverage is in force. I understand I must advise the District, in writing, of any changes to the above information. I further certify that the above vehicle is mechanically safe.*

**Owner of Vehicle**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Driver**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**The District strongly encourages employees to rent a vehicle for District-related travel. Rental vehicles are to be procured through the *Enterprise* account using the District's Corporate Account Number: DB30H13.**

**If you choose to drive your personal automobile while on District business and you are involved in an accident, by law, your liability insurance policy is used. The District does not cover, nor is it responsible for any damages to your vehicle.**

**APPROVED BY:**

Manager: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Staff: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_