

**MICHIGAN STATE**  
**U N I V E R S I T Y**

**AGENCY DRIVER AUTHORIZATION**

Office of Risk Management & Insurance  
Olds Hall  
408 W. Circle Drive Rm 113  
East Lansing, MI 48824  
Phone (517) 355-5022  
Fax (517) 432-3854  
E-mail: riskmgmt@msu.edu

University approved agencies may use University vehicles if the use or activity supports the mission of the University and is approved by the requesting Department Chair or Dean. To obtain approval, complete this form as well as the Agency Request for Use of MSU Vehicle (RMI3) form and forward them to Risk Management & Insurance accompanied by proof of automobile liability insurance.

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**DRIVER: complete this section and submit to administrator.**

Full Name	Date of Birth (MM/DD/YYYY)	Driver's License Number

I certify that:

- I have a current, valid, U.S. driver's license, not suspended, revoked, expired, cancelled or surrendered.
- I have not had 3 or more convictions for moving violations within the past 36 months.
- I have not been convicted of drunk driving, leaving the scene of an accident, failure to report an accident, driving with a suspended license or reckless driving within the past 36 months.
- I have never been convicted of obtaining a vehicle unlawfully, possessing a stolen vehicle, or using a vehicle in a crime or in connection with an unlawful act.

I understand that Michigan State University regards the facts to which I am certifying as material in its decision to permit me to drive its vehicle, and is relying upon the accuracy and truthfulness of this certification. I further understand and agree that if I provide false or misleading information, my use of the vehicle is prohibited and unauthorized.

I authorize Michigan State University to verify my driving record with any appropriate authority, either now or in the future, and I authorize any government motor vehicle department to release my records at the request of MSU or its designee.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Authorization Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Office of Risk Management and Insurance certifies that current Agency Certificate of Insurance is on file. Return copy to Agency and send a copy to Transportation Services.**

Signature Risk Management & Insurance \_\_\_\_\_ Date: \_\_\_\_\_