

MICHIGAN STATE
UNIVERSITY

AGENCY REQUEST FOR USE OF MSU VEHICLE

Office of Risk Management & Insurance
Olds Hall
408 W Circle Drive Rm 113
East Lansing, MI 48824-1047
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 Driver Authorization form and forward them to Risk Management & Insurance accompanied by proof of automobile liability insurance.

AGENCY: Complete this section and submit to Risk Management & Insurance. Attach a certificate of insurance noting automobile liability insurance. (Do not mark in shaded section.)

Agency Name: _____

Contact Person: _____

Phone #: _____

E-mail Address: _____

Describe activity for which use of an MSU vehicle is needed: _____

Destination: _____

Travel Dates: _____

Explain how this activity supports the mission of MSU: _____

Authorized Drivers: Complete an Agency Driver Authorization Form (RMI2) for each driver.

Agency Administrator Signature: _____ **Date:** _____

MSU Dean/Chair Signature: _____ **Date:** _____

Risk Management & Insurance: Complete this Section and Forward to Transportation Services

Insurance coverage reviewed and approved Certificate of Insurance on file

Office of Risk Management and Insurance

_____ Date