Vehicle Request Responsibility Form

Please Note: Vans available for use (affiliated with UCCC) are under the control and policies of the Ulster County Community College. Those requesting use and those operating these vans agree to abide by this policy. By signing below, the requestor certifies the following: all drivers have completed and submitted UCCC affidavits to operate UCCC motor vehicles and that all statements in the affidavit are still current, valid, and accurate. Only authorized individuals with completed affidavits on file will be allowed to operate the vehicle and all UCCC policies in regard to College premises and property will be adhered to. No one authorized to operate the vehicle(s) will consume any alcohol or drugs while they retain custody and/or control of the vehicle(s).

REQUEST

Requestor’s Name:____________________________________________    Date:______________________
Requestor’s Affiliation (Athletic Team/Club/Department/Organization Name):_____________________________________________________
Number of People to be Transported:_______________             Number of Vehicles Requested:______________
Date(s) Requested:______________________ Requested Pick-up Time:_________________ Return Time:_______________
Purpose/Destination:___________________________________________________________________________________________________
Names of Driver(s) Authorized to Pick-up Vehicle(s):___________________________________________________    Circle One: Staff Student

Department Chair / Program Coordinator
Authorized Signature

RELEASE

Maintenance Staff Initials:_____________
Date:______________  Time:______________  Vehicle Number:__________  Mileage:_________________
Name (Print Please):_________________________________________________
Vehicle Number:__________  Mileage:_________________
Signature:_________________________________________________
Vehicle Number:__________  Mileage:_________________
Emergency Contact Information (Phone/Cell Phone/Beeper/ETC…):___________________________________________________________

RETURN

Date:______________  Time:______________  Vehicle Number:__________  Mileage:_________________
Name (Print Please):_________________________________________________
Vehicle Number:__________  Mileage:_________________
Signature:_________________________________________________
Vehicle Number:__________  Mileage:_________________
Vehicle’s Condition:___________________________________________________________________________________________________________________
_________________________________________________
_________________________________________________
Maintenance Staff’s Name (Print):_________________________________________________
(Maintenance Staff’s Signature:_________________________________________________
(Individual accepting return of vehicle)

Driver/s are authorized to drive SUNYULSTER Vehicle/s-- Checked by Officer:  Badge #

Authorized Driver has completed LENS training to operate UCCC motor vehicles on file. Circle One: Yes No
Assigned vehicle(s) inspected by driver and Maintenance Staff before release and upon return Circle One: Yes No