Please Note: Vans available for use (affiliated with UCCC) are under the control and polices 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

Dean of Administration
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