

To obtain authorization to drive a University owned or rented vehicle, you must complete the following steps:

- Submit a completed Authorized Driver application to Amy Driscoll McNulty (University Police) with a copy of your driver's license.
- Once the application and license have been received, you will be set up with an online account where you will be required to watch the 3 assigned training videos below. Your log-in information will be emailed to you.
 - **You are only required to complete the following training courses:**
 - 1) *Distracted Driving: Dangers of Technology*
 - 2) *Decision Driving*
 - 3) *Driver Awareness 12-15 Passenger Van Safety*
- Watch the videos and complete the quizzes that correspond with each video topic.
- After confirmation is received that all three courses (including the quizzes) have been completed and passed, a Motor Vehicle Record check is done on your license.
- Once the results of the MVR check have come back positively, you will be notified via email that you are authorized to drive.

If you have any further questions, please contact the Authorized Driving Coordinator:

Amy Driscoll McNulty

Operations Coordinator for University Police

Phone: 570-941-7880

Fax: 570-941-6374

Email: amy.driscollmcnulty@scranton.edu

**THE UNIVERSITY OF SCRANTON
AUTHORIZED DRIVER APPLICATION FORM AND AGREEMENT**

**THIS FORM AND AGREEMENT MUST BE COMPLETED AND SUBMITTED TO UNIVERSITY POLICE
AT LEAST 10 BUSINESS DAYS PRIOR TO ANY PROPOSED USE OF A UNIVERSITY VEHICLE**

The following information will be used by the University's insurance carrier to obtain and review your driving records.
Individuals with unacceptable driving records will not be authorized to operate University vehicles.

APPLICATION FORM

Department: _____ Date: _____			
Driver Name (as appears on state issued operator's license): _____			
Address (as appears on state issued operator's license):			
Street: _____			

City: _____		State: _____	Zip: _____
Date of Birth: _____		Age: _____	
Operator License #: _____		Issue State: _____	Expiration Date: _____
Contact Information			
Email Address: _____		Faculty _____	Staff _____
Phone: _____		Student _____	
AGREEMENT My signature below indicates I have read and understand the University's Vehicle Operator Policy and agree to comply with the requirements contained therein. I understand my driving privileges may be revoked at any time and for any reason, consistent with applicable law. I will be personally liable for any damage or injuries caused as a result of any unauthorized use of a University vehicle and for damage due to misconduct of passengers. I understand that I must notify the University Police Department and my Department Head or Sponsor immediately if my operator's license is suspended, revoked or has any limitations or restrictions. I understand that violations of this agreement may be grounds for discipline up to and including termination of an employment, or expulsion if a student.			
Driver Signature: _____		Date: _____	
Authorized Driving Coordinator: _____		Date: _____	
FM REVIEW	MVR CHECK	DD/VD TRAINING	COPY OF DL
DATE			
Approved/Denied by: _____		Date: _____	
OFFICE USE ONLY:		EMAIL CONFIRMATION <input type="radio"/>	MASTER LIST <input type="radio"/>

THIS SECTION IS TO BE COMPLETED BY DRIVER

