Checklist for Students Driving Personal Car or Rental Vehicle:

ICC/Council:									
Conference/Trip Name:									
Conference/Trip Date(s):									
reimburse	osal approval by the respective council, each student seeking reimbursement for mileage or ment for a rental car and gas, needs to have the following documents attached and submitted 2 PRIOR to their trip:								
	Completed Driving Authorization Form (copy attached)								
	Copy of Driver's License								
	Copy of Valid Car Insurance								
	Complete Defensive Driver Training and provide a copy of the "diploma"								
	Link: http://training.fullerton.edu/								
	 Name of the Course: DEFENSIVE DRIVER TRAINING - ONLINE CERTIFICATION 								

Reminders:

• If a student is driving their personal vehicle, ASI reimburses mileage... up to the amount approved by the respective council.

• Once the student completes it, select the small arrow next to start and select diploma.

This is the certificate that they can download and email the pdf or print it out.

• If a student is driving a rental vehicle, ASI reimburses the costs of the vehicle and gas... up to the amount approved by the respective council.

This entire packet and attachments needs to be submitted 2 WEEKS PRIOR to TSU-269.

ASSOCIATED STUDENTS California State University, Fullerton, Inc. AUTHORIZATION TO USE PRIVATELY-OWNED/RENTED VEHICLE

STUDENTS

This form authorizes the use of a personal vehicle or a rental vehicle in the conduct of official business for Associated Students, CSUF, Inc. ("ASI"), subject to prior approval of the Director of Leader & Program Development (TSU-269), on a case-by-case basis. Prior to being authorized for travel and/or being eligible for travel reimbursement, this form must be completed and submitted to TSU-218 with clear copies of the driver's auto insurance card, driver's license, and certificate of completion of the university defensive driving course. Failure to comply with these instructions may jeopardize reimbursement and/or negatively affect future driving privileges. *If* renting a vehicle, driver must take full insurance coverage from rental agency.

Name								
Student Leaders	Driving for leadership position?	conferer	oriving for onference?] Yes [] No		ffiliation	Conference details Date(s): City:		
Home Address			'		•		<u>,</u>	
Telephone No.	Home: Cell:		Email Address					
California Driver's License No.			CWID					
Car #1 Year, Make, Model				Make, Model				
Car #1 VIN (not license plate #)			Car #: VIN (r plate :	not license				
f you answered "Yo Program Developmo By signing this form	es," please exp ent in TSU-269		authorized	to driv	ve until you l	nave receive	e last five years. [] Yes [ed notice from the Director of I , understood and agree to abid	
ollowing: Whenever I drive possession.	e on ASI-fund	led activities, I wil	l have a va	alid d	river's licens	e and prod	of of liability insurance in my	
		hicle, I certify that	it is in saf	e me	chanical con	dition and i	meets all requirements of the	
		ety belts in operatin	g condition	and n	ny passenger	s and I will	use those safety belts.	
ASI, the State of	f California, th	ne Trustees of the	CSU, CSU	Fuller	ton, and all	of their off	ice. I save and hold harmless ficers, agents, employees and ny program, activity or official	
The automobile in Law (\$15,000 for accident; \$5,000	personal injur property dar	y to or death of on	e person; \$ and that m	30,00 y per	0 for injury t sonal autom	o or death o obile liabili	prescribed by California State of two or more persons in one ty insurance is the <i>primary</i>	
This form authori	zes me to driv		the above-	listed	vehicles. If	I choose to	o drive another vehicle, I must	
I understand tha	t ASI prohibit		e/portable	comm	unication de	vices (cell	phone, PDA, BlackBerry, etc.)	
I understand tha maintenance, rep	t the mileage pairs and both	rate I claim is ful	l reimburse prehensive	ment insura	for the cost ance, and th	of operationat I am a	ng the vehicle, including fuel, authorized to drive only after asis.	
If an incident/acc	ident should o		n connectio	n with	an ASI-fund	ed activity	(including any incidental minor	
	t permission to		on with an <i>i</i>	ASI-fu	nded activity		ege and may be suspended or	
-						Date:		•
Director of L&F	PD Signature:					Date:		
Approved by E	xec. Director	(or designee):			[Date:		