

MERCY COLLEGE

OFFICE OF ADMINISTRATIVE SERVICES

A P P L I C A T I O N F O R A U T H O R I Z A T I O N A S A N O C C A S I O N A L D R I V E R O F C O L L E G E V E H I C L E S

(For Faculty, Staff & Student Drivers)

In order to become eligible for inclusion on the *Authorized Drivers List* maintained by the Director of General Services, applicants must complete this application and return it, along with any required documentation, to the Office of General Services (page 3&4).

When this application is processed and all required training is completed, applicants will be notified in writing by the Director of General Services as to whether they have been approved as an occasional driver of College vehicles within a reasonable time period. Applicants are encouraged to submit required materials at least thirty (30) days in advance of when authorization is needed in order to ensure sufficient time for processing of their application and conducting of necessary training.

1. All requested information on this application must be completed and submitted along with a photocopy of the applicant's U.S. issued driver's license in an enlarged format to ensure that the license number is easily identified. The College will access the applicant's driving record in order to confirm that the applicant meets the minimum eligibility requirements for driving College vehicles. This application may be sent by interoffice mail to Office of General Services in the Mailroom of the South West Annex Building on the Dobbs Ferry Campus (DF).
2. Each applicant is presumed to have completely read and to understand the *Policy Governing Occasional Drivers of College Vehicles*, a copy of which has been provided by the Office of General Services within this document. Any questions regarding the policy should be brought to the attention of the Director of General Services.
3. Defensive Driving Certification is required to drive any College Vehicle. Applicants may obtain such training from the College or through any other College approved certification program. An applicant that completes the course may be entitled to an insurance discount for his/her personal motor vehicle if he/she is the principal driver and the vehicle is registered in New York State. An applicant will also be eligible for a New York State Department of Motor Vehicle license point reduction for past violations if he/she successfully completes the driver safety program. Other Defensive Driving Certifications from states other than New York are acceptable. Please contact the Office of General Services for details. Copies of certification for pre-existing training must be given to the Office of General Services along with this application.
4. If an applicant is applying to drive 15 passenger (14 passenger + driver) vans, in passenger van service, or any standard sized van, he/she will be required to undergo a safety briefing with the Director of General Services. Please call General Services at ext. 7349, to schedule your safety briefing.
5. Applicants applying to drive 15 passenger vans *in passenger van service* must satisfactorily provide evidence of medical fitness. Use the enclosed reporting form.

APPLICATION TO DRIVE MERCY COLLEGE VEHICLES

PLEASE PRINT INFORMATION BELOW:

NAME.....>	
STREET.....>	
CITY.....>	
STATE, ZIP.....>	
DRIVER'S LICENSE NUMBER.....>	
ISSUING STATE OF LICENSE.....>	
SOCIAL SECURITY NUMBER.....>	
DO YOU HAVE ANY REPORTABLE LICENSE REVOCATIONS/SUSPENSIONS, MOVING VIOLATIONS, ACCIDENTS RESULTING IN SERIOUS BODILY INJURY OR PROPERTY DAMAGE, OR CONVICTIONS OF MISDEMEANORS OR FELONIES FOR THE PREVIOUS THREE- (3) YEARS? IF YES, PLEASE DESCRIBE.....>	
CLASS YEAR IF STUDENT (Freshman, etc.) or STATE WHETHER STAFF or FACULTY>	
DEPARTMENT (IF EMPLOYEE).....>	
DEPARTMENT HEAD SIGNATURE (IF EMPLOYEE).....>	
DEAN'S OFFICE SIGNATURE (IF STUDENT).....>	
DO YOU HAVE A CURRENT DEFENSIVE DRIVING CERTIFICATE? IF YES, PLEASE INCLUDE A COPY WITH THIS APPLICATION.....>	
DO YOU HAVE A MEDICAL OR PHYSICAL CONDITION, OR ARE YOU OR WILL YOU BE TAKING ANY MEDICATION, WHICH MAY AFFECT YOUR ABILITY TO SAFELY AND EFFECTIVELY OPERATE A COLLEGE VEHICLE? IF YES, PLEASE SUBMIT DOCUMENTATION FROM A QUALIFIED HEALTH CARE PROFESSIONAL AS TO HOW SUCH CONDITION INTERFERES WITH DRIVING ABILITY AND WHAT TYPE OF ACCOMMODATION, IF ANY, IS NECESSARY TO ENSURE SAFE OPERATION.....>	

The above information will be used by the College to check the applicant's U.S. issued license with the Department of Motor Vehicles, and will also be placed on the L.E.N.S. Program (License Event Notification System) with the Department of Motor Vehicles, which provides continuous monitoring of a person's license and driving record. An enlarged photocopy of the applicant's U.S. issued driver's license must be included with this application.

**SIGNATURE PAGE –RETURN THIS PAGE WITH PAGE 3 TO
OFFICE OF ADMINISTRATIVE SERVICES, in the South West
Annex Building on the Dobbs Ferry Campus, Attn: Paul Vuille**

Applicant's Acknowledgement:

- I acknowledge that I have read, understand, and agree to abide by the *Policy Governing Occasional Drivers of College Vehicles*.
- I understand that by signing this application I am granting the College the right to access my complete driving record, both at the time of initial application, and for the entire time period that my driving authorization with the College remains in effect.
- I acknowledge that the College may deny my application at its discretion.
- I agree that I am personally responsible to advise those to whom I report of any inability on my part to be in compliance with these rules.
- I understand the Prohibited Hours of Driving in Passenger Service rules as outlined above.

PRINT NAME

SIGNATURE

DATE