



APPLICATION FOR AUTHORIZATION TO OPERATE UNIVERSITY OWNED/LEASED OR CVA VEHICLES FORM

APPLICATION:

I hereby request authorization to operate a University owned/leased vehicle or Central Vehicle Agency (CVA) vehicle. If granted such use, I agree to the following conditions:

1. I will make myself aware of and will comply with all policies, procedures and related guidelines regulating the use of such vehicles.
2. I will assume responsibility for the payment of any fines for traffic, parking or any other violations charged against me while operating such vehicle.
3. I have read excerpts from SGI statutory conditions, below and I agree that I will not operate such vehicles in violation of any prohibited use as outlined within Article 2 of the SGI Statutory Conditions.
4. I will immediately advise the Dean/Department Head, in writing, in the event of any changes to my driver license status or driving history that affects my qualifications to operate such a vehicle.
5. Where a University/CVA vehicle has been assigned to me and Take Home Privilege has been granted, I authorize Payroll to deduct from my salary, each month, the monthly fee for personal use. The fee is equal to personal kilometers multiplied by the prevailing rate, as set from time to time by the University or the Saskatchewan government.
6. I will be responsible to pay the deductible under the SGI plate insurance in the event that such vehicle is damaged while being used for personal purposes as defined in the Taxable Benefits section of the Guidelines for Vehicle Use authorization and Related Taxable Benefits.
7. I will at all times ensure that the vehicle is operated in a safe and prudent manner.
8. I will return the vehicle to the department or to CVA, or to a location designated by them, upon their request or instruction.
9. If assigned:
 - a) a CVA vehicle, I agree to maintain a log in accordance with the "Employees Responsibilities" section of the guidelines.
 - b) a vehicle, other than a CVA vehicle, and the employee accepts Take Home Privilege, I agree to maintain a log in accordance with the "Employees Responsibilities" section of the guidelines.
10. I will be using a vehicle for:

University Business Only Take Home Privilege – start date _____ end date _____.

Excerpts from SGI Statutory Conditions

Article 2: Prohibited Use by Insured

- (1) The insured shall not drive or operate the automobile:
 - a) while under the influence of intoxicating liquor or drugs to such an extent as to be for the time being incapable of the proper control of the automobile; or
 - b) unless he is for the time being either authorized by law or qualified to drive or operate the automobile; or
 - c) while he is under the age of sixteen years or under such other age as is prescribed by the law of the province in which he resides at the time this contract is made as being the minimum age at which a license or permit to drive an automobile may be issued to him; or
 - d) for any illicit or prohibited trade or transportation; or
 - e) in any race or speed test

- (2) The insured shall not permit, suffer, allow or connive at the use of the automobile:
- a) by any person under the influence of intoxicating liquor or drugs to such an extent as to be for the time being incapable of the proper control of the automobile; or
 - b) by any person;
 - 1. unless that person is for the time being either authorized by law or qualified to drive or operate the automobile; or
 - 2. while that person is under the age of sixteen years or under such other age as is prescribed by the law of the province in which he resides, at the time this contract is made as being the minimum age at which a license or permit to drive an automobile may be issued to him; or
 - c) for any illicit or prohibited trade or transportation; or
 - d) in any race or speed test.

I certify that I have provided true and accurate information regarding my driving experience and qualifications.

I hereby acknowledge that I have reviewed the SGI statutory conditions, the University of Saskatchewan Vehicle Use Authorization and Related Taxable Benefits Policy and the Guidelines for Vehicle Use Authorization and Related Taxable Benefits and accept the terms and conditions as outlined above and in the policy and guidelines.

Date

Telephone Number

Applicant Signature

Fax Number

Name *(Please Print)*

Email

Department

AUTHORIZATION

I confirm that the above employee is authorized to operate the University Owned/Leased or CVA vehicle in accordance with the above terms. I also acknowledge my responsibilities as a Dean/Department Head as outlined in the Vehicle Use Authorization and Related Taxable Benefits Policy and the Guidelines.

Date

Dean/Dept Head Signature

Name *(Please Print)*

Copies: *Dean/Department Head*
Employee
Payroll
Purchasing Services (for CVA vehicles only)