

SAIT AUTHORIZED DRIVER FORM

FN-01
FN.17.1.

Name: _____ Department: _____

Please identify: Staff Student *Independent Contractor Volunteer

Please identify the name of your Company: _____

According to the provisions of Policy FN.17.1.1, if a driver's abstract of any employee, student contractor or volunteer is reviewed, please attach to this application. These abstracts are available upon request from any Registry or at the Registry Express, located in North Hill Shopping Centre at a reduced rate, if you mention SAIT.

1. Length of Use:
Continuous use for duration of employment: Yes No
Or Date of Departure: _____ Date of Return: _____
2. Number of years licensed: _____ Date of Birth: _____
Driver's License #: _____ Driver's License: Class _____
If license issued outside of Alberta, please indicate Province: _____
3. Convictions, Suspensions and Claims:
Have you had any moving violations and/or any other incidents that have affected your driving record in past 3 years? Yes No
Please list: _____

VEHICLE USE AGREEMENT

As a condition of my authorization to operate SAIT owned, leased, or rented vehicles, I understand that I must first provide SAIT with a current copy of my driver's abstract for review along with the signed and completed "SAIT Authorized Drivers Form". I hereby authorize SAIT to review my driver's abstract as attached. I agree that it is my responsibility to ensure that my license is valid and if at any time my license is suspended, removed or has more than 6 demerit points I will notify SAIT forthwith. I also understand that I may be requested at any time to provide a current driver's abstract for SAIT's review and that any negative change in my driving record may result in my privileges being revoked. ***This authorization process does not certify the ability or suitability of the person receiving the authorization to be a good and safe driver. It is always the responsibility of the driver and all passengers of a vehicle to be aware of potentially hazardous situations while traveling and to take all precautions to prevent accident or injury.***

Signature of Driver

Date Signed

Signature of Dean, Director or Designate

Date Signed

This information is gathered under the authority of the Freedom of Information and protection of Privacy Act. It is required to create a SAIT approved drivers' list, process the purchasing of insurance, process claims and track drivers. This information may also be shared with SAIT's insurance broker and/or insurance company. If you have any questions about the collection or use of this information, please contact the FOIPP Coordinator @ 284-8633