



UA OCCASIONAL DRIVERS' AFFIDAVIT (Category 2 Drivers)

This affidavit is to be completed for individuals for whom driving on UA business is required on an occasional basis. This form should be completed at least annually. This form is NOT to be used by individuals for whom driving on UA business is a requirement of their official job description, who have a vehicle assigned for their use, who are required to carry a CDL license, for a driving assignment exceeding 14 (fourteen) days, for long distance travel (greater than 50 miles one way), or for drivers who will transport groups, students, minors, or non-UA affiliated passengers. Those drivers should use the Category 1 Driver Authorization form.

I, _____, _____, have been requested by the
 (print name) (work phone number)
 _____ department to be a vehicle driver for activities necessary to departmental operations for the period from: _____ to: _____. I understand my driving record affects my authorization to drive a vehicle on UA business.

Driver's License Number:	State (if other than Alaska):	Expiration Date:
TRUE		
1.	I possess a current and valid drivers' license.	
2.	I am in compliance with all licensing requirements for the State of Alaska and my license is not probationary, court restricted, international nor is it a drivers' permit.	
3.	I am in compliance with the mandatory state liability insurance requirement for the vehicle I will be driving.	
4.	I have at least three (3) years of driving experience as a licensed driver.	
5.	I have not been convicted for two or more moving violations in the last three years.	
6.	I have not been at fault in two or more accidents in the last three years.	
7.	I have not been convicted, or had my license revoked, for driving under the influence of alcohol or drugs in the last three years.	
8.	I do not have a pattern of moving violations or reckless driving behavior which is demonstrated by the accumulation of more than five points against my drivers' license in the last three years.	
Explain any NOT TRUE responses here:		

I certify the foregoing information is true and accurate. I agree to notify my supervisor, by the next working day, of any changes to my above certifications, any moving violations I may receive and to IMMEDIATELY notify my supervisor of any accidents. I understand the university's insurance for its vehicles is effective only when the vehicle is being used for authorized university business purposes by an authorized driver. I understand the transportation of passengers who are not University of Alaska employees should first be cleared by my supervisor and the university does not carry insurance for non-employee passengers.

 Driver Signature

 Date

SUPERVISOR'S APPROVAL TO DRIVE		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Supervisor Name (printed):			
Supervisor Signature:			Date:
Comments:			