

# California State Polytechnic University, Pomona

## Application for Vehicle Operation Authorization

Employees who operate vehicles on University/State business must comply with the following requirements:

- Enroll in the DMV Employee Pull Notification Program which will:
  - Provide evidence of a valid California Driver's License. The license must be the appropriate type for the job and vehicle(s) to be operated.
  - In the last 12 month period, have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof).
- Have completed the CSU approved [Defensive Drivers Training Program](#) in the last four year period and agree to re-certify every four years.
- Agree to abide by the [CSU Vehicle Use Policy](#)

In addition:

- If using a private vehicle, employees must submit to their department a completed STD form 261, [Authorization to Use Privately Owned Vehicle on State Business](#). These forms are kept in the department and updated annually.
- Complete an [Authorization to Travel on State Business](#) form F-2963-00 each instance an employee will be driving on university business.

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**To be completed by employee as it appears on your driver's license:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Class

\_\_\_\_\_  
Bronco ID#

\_\_\_\_\_  
Cal Poly Extension

\_\_\_\_\_  
Cal Poly email address @csupomona.edu

\_\_\_\_\_  
CPP Department & College/ Division

Please check if volunteer employee

\_\_\_\_\_  
Job Title

I agree to meet the aforementioned conditions in order to drive on University/State business. I understand submission of this completed form will enroll me in the DMV Pull Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**To be completed by HEERA Manager:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Cal Poly Extension

\_\_\_\_\_  
Cal Poly email address @csupomona.edu

When the aforementioned conditions are met, I authorize the employee named above to drive a University/State vehicle.

\_\_\_\_\_  
HEERA Manager's Signature

\_\_\_\_\_  
Date

**Send this completed form to: Loretta Roth, Organizational Development & Training or fax 909.869.3779**