

MICHIGAN STATE  
UNIVERSITY

**EMPLOYEE DRIVER CERTIFICATION**

Office of Risk Management & Insurance  
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408 W. Circle Drive Rm 113  
East Lansing, MI 48824  
Phone (517) 355-5022  
E-mail: [riskmgmt@msu.edu](mailto:riskmgmt@msu.edu)

Please note the following reference regarding Qualifications and Responsibilities of Drivers:  
A person driving a University-owned vehicle must have a valid unrestricted U.S. driver's license, with proper class and endorsements listed for the vehicle(s) to be operated and must have a satisfactory driving record. The responsibility for enforcing these requirements rests with the Department Chairperson, or equivalent. (Manual of Business Procedures, Section 35)

This form is intended to assist departments in assuring that employees have a satisfactory driving record. **The form should be completed annually and maintained in the department file.**

**REQUIREMENTS**

- I have a current, valid U.S. driver's license, which is not suspended, restricted, revoked, expired, cancelled or surrendered.
- I have not had 3 or more convictions for moving violations within the past 36 months.
- I have not been convicted of operating a vehicle while under the influence of alcohol or drugs, leaving the scene of an accident, failure to report an accident, driving with a suspended license or reckless driving within the past 36 months.
- I have never been convicted of obtaining a vehicle unlawfully, possessing a stolen vehicle, or using a vehicle in a crime or in connection with an unlawful act.

CHECK ONE:

- I certify that I **do** meet the above requirements
- I certify that I **do not** meet the above requirements

I understand that Michigan State University regards the facts to which I am certifying as material in its decision to permit me to drive its vehicle, and is relying upon the accuracy and truthfulness of this certification. I further understand and agree that if I provide false or misleading information; my use of the vehicle is prohibited and unauthorized.

I agree to immediately notify my supervisor if my driving record changes and I no longer meet the certification requirements stated above.

I authorize Michigan State University to verify my driving record with any appropriate authority, either now or in the future, and I authorize any government motor vehicle department to release my records at the request of MSU or its designee.

I am aware that providing false or misleading information may be grounds for disciplinary action.

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Department: \_\_\_\_\_