



College of the Redwoods Automobile Use Permission Form

FISCAL YEAR 2024-2025

Please complete this form with your manager prior to any travel.

Please check
appropriate box:

Employee

Temp Employee

Student

Volunteer

Name: _____ CR ID #: _____ (Employee ID or Student ID)

Department: _____

Driver's License: _____ Expiration Date: _____

Year & Make of Auto: _____ License Plate No.: _____

Insurance Carrier/Agent: _____

Phone: _____

Policy Number: _____ Expiration: _____

Liability Limits: _____

Driving Restrictions: _____

I certify the above information is correct, current and the insurance coverage is in force. I understand I must advise the District, in writing, of any changes to the above information. I further certify that the above vehicle is mechanically safe.

Owner of Vehicle

Signature _____

Date _____

Driver

Signature _____

Date _____

The District strongly encourages employees to rent a vehicle for District-related travel. Rental vehicles are to be procured through the *Enterprise* account using the District's Corporate Account Number: **DB30H13**.

If you choose to drive your personal automobile while on District business and you are involved in an accident, by law, your liability insurance policy is used. The District does not cover, nor is it responsible for any damages to your vehicle.

APPROVED BY:

Manager: _____ Signature: _____ Date: _____

Senior Staff: _____ Signature: _____ Date: _____