

Driving on CSUMB University Business Registration

For DUB use only: DUB/DMV/DDC date: _____



California State University
MONTEREY BAY
Extraordinary Opportunity

Name (As it appears on your driver's license):

(Last) _____ (First) _____

CSUMB email address: _____ Phone/Ext: _____

Other email address: _____ DeptID NUMBER: 1099

Supervisor's Name: Artemas Marco Dowell

I am in possession of a valid California or other State driver's license. I certify that I 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) during the past twelve month period.

Signed: _____ Date: _____

DIVISION	TYPE
Student Affairs <input type="button" value="v"/>	Student <input type="button" value="v"/>

***If a Volunteer, you must complete a volunteer form and return it to the University Human Resources Department in Tide Hall (831-582-3389).**

***Temporary employees are NOT authorized to drive for University business.**

Send this form with the following:

- A copy of your current driver's license
- DMV Form INF 1101
- State of CA Form STD 261 (only if you intend to drive a private/rental vehicle)

CSUMB Driving on University Business (DUB) Program Administered by:

Administrative Systems Management, Mountain Hall D, 831-582-5131

defensivedriving@csumb.edu

Driving on University Business web page: <https://csumb.edu/finance/driving-university-business-dub>



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, CSU Monterey Bay

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY COUNTY STATE

DATE SIGNATURE OF EMPLOYEE
X

I, Artemas Marco Dowell, of CSU Monterey Bay
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY COUNTY STATE

DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.

**AUTHORIZATION TO USE PRIVATELY OWNED
VEHICLES ON STATE BUSINESS**

STD. 261 (REV. 3-95)

*This approval must be renewed annually.
Supervisor: Retain Original Copy***I. CERTIFICATION**

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

II. APPROVAL

Use of a privately owned vehicle on State business is approved.

APPROVING AUTHORITY SIGNATURE	TITLE Director, Student Engagement & Leadership Development	DATE APPROVED
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III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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Person of Interest (POI) Form

The completed form must be submitted to University Personnel at least 10 business days prior to the start date. Failure to submit completed form will result in delay of appointment.

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____
 Address: _____ City, State, ZIP: _____
 Phone Number: _____ Date of Birth: _____ SSN: _____
 Email Address: _____
 Emergency Contact: _____ Phone Number: _____ Relationship: _____

I understand I am providing my services, performing the listed duties. The services will be at the direction of the listed supervisor. I understand that no compensation will be provided for the listed duties before, during, or after the appointment dates. I also understand that I serve at the pleasure of my supervisor. Initial: _____

Department Information

Type of Appointment: Affiliation: ID# (if applicable): _____
 Start Date: _____ End Date: _____

Description of Duties:

Driving for SELD club and Org events

- Additional Duties:
- | | | |
|---|-----------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Drive a vehicle on University business? <i>If yes, Defensive Drive training is mandatory.</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Travel on University business? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Requires an Otter ID for building access? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Working with minors? <i>If yes, LiveScan fingerprinting is mandatory.</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Working with Level 1 data? <i>If yes, a background check is mandatory.</i> |

Department Name: Department ID:
 Manager Name: Manager Phone Number:

Supervisor – As the manager (MPP), I am responsible for notifying University Personnel if the person of interest assignment ends before the listed end date. I understand that failure to do so will result in the person retaining any requested access to campus facilities, building, and/or computer systems. Initial: _____

Person of Interest Signature

Date

Supervisor/Dean/Director Signature

Date