

STANFORD UNIVERSITY

Departmental Vehicle Operator's Agreement

To be signed by all drivers, including employees, students and volunteers, operating vehicles (including golf cart-type vehicles) in connection with official University activities.

<b>Department:</b>	
<b>Name of Driver:</b>	
<b>Stanford ID:</b>	
<b>Type of Vehicles Authorized for Use:</b>	
<b>Business Use or Medical Need:</b>	

I, \_\_\_\_\_, have read and understood the Vehicle Use policy ([Administrative Guide Memo 85.2](#)) and the Controlled Substances and Alcohol policy ([Administrative Guide Memo 23.6](#)) and will adhere to all of the requirements of these policies when driving a vehicle in connection with official University activities.

Signature of Vehicle Operator: \_\_\_\_\_

Date: \_\_\_\_\_

*A copy of the driver's license to be maintained by the local fleet manager.*