



Risk Management
 1851 N Research Dr
 Bowling Green, OH 43403
 419-372-2127
 Fax 419-372-3135

Bowling Green State University Motor Vehicle Record Statement

University policy requires that all drivers of a university owned or leased vehicle complete this form for the purposes of determining driver insurability before being permitted to drive. Situations which may affect driver insurability consist of any combination of accidents or tickets which total six or more points in the last three years as assigned below. A reduction of three points may be granted for successful completion of an approved defensive driver safety course unless the violations include a DUI/DWI offense. An unfavorable record could result in loss of university driving privileges or employment. A complete copy of the driver insurability statement can be found in the administrative and classified staff handbooks. Driver approval, once granted is valid for a one-year period.

6 pts	Driving under the influence of drugs or alcohol	4 pts	Without due regard for safety
	Motor vehicle felony		Unsafe or Reckless Operation
	Vehicular homicide/involuntary manslaughter	3 pts	SPEED in previous 12 months
	Hit skip/leave scene	2 pts	SPEED in last 13 -36 months
	Driving under suspension/revocation		Traffic control device/stop sign
	Drag racing		Assured clear distance/following too close
	Flee/elude police officer		Failure to yield/failure to control
	Negligent entrustment of a vehicle		Improper passing/driving left of center
Driving without owner consent	Other violations as assigned by the ORC.		

Issuing Region Notice

IMPORTANT: If you have a license issued by California or outside of the United States, you cannot use this form. Please contact the Office of Risk Management at riskmgmt@bgsu.edu.

Permission Statement

I, (print name) _____ acknowledge the above disclosure and give permission for the university to obtain a copy of my driving record to verify it meets the criteria established by the university to drive. In the event my driver's license is revoked or suspended, I agree to immediately discontinue operation of the university vehicle and notify my supervisor. I acknowledge that the university endorses all applicable state motor vehicle regulations relating to driver responsibility including seat-belt use.

Signature

E-mail address

Drivers License #

Department or Organization

State Issued

Department Contact & Phone #

Date of Birth

Date Completed

Vehicle Type (check all that apply):

- Car/Truck/SUV/Mini-Van
- 15-Passenger Van
- Commercial Vehicle (CDL Required)

_____ I would like to receive an e-mail reminder when it is time to renew my insurability status next year.

Send completed forms via fax (419-372-3135) or email to riskmgmt@bgsu.edu Please allow 3 working days to process.