



Authority to Drive University Vehicles

Fleet & Logistics Services
Building N003, Workshop Rd
University of New England
Armidale NSW 2351
vms@une.edu.au | 6773 2084

For conditions of use of University vehicles please refer to the University Vehicle Use Terms & Conditions.
All fields are MANDATORY and must be filled out, otherwise approval will be denied.

Nature of Appointment at UNE

Contractor	Staff	Student		ID No.	
Full Name			Dept/Company		
Visa No. (If Applicable)			Work Ext./Mobile		
Email				Birth Date (For Insurance)	/ /

Applicant Driver's Licence Details

Driver Licence No.		Class	
Expiry	/ /	Origin	
Safework Licence No. (e.g. for a Forklift)		Class	
Expiry	/ /	Origin	

N/A Copy of English translation attached if your licence is not written in English.

N/A Copy of 4WD course certificate; or a completed written 4WD test; or a written explanation on years of experience using 4WD's attached. (Please Note: 4WD approval is required for anyone traveling off formed roads).

Declaration

- I understand that UNE vehicles are GPS tracked and FLS may, in accordance with applicable law, at any time monitor vehicle usage and/or supply GPS data to requesting authorities (internal or external to UNE).
- I understand that UNE vehicles are not for personal use and that any personal use detected will incur FBT.
- I understand that any damage caused to or by a UNE vehicle while in my care will require an accident form submitted to FLS. This statement is true regardless of whether I witness the damage occurring or not.
- I understand that I am not to drive any vehicle to which I do not hold an equivalent licence class for.
- I understand that I am not to drive a UNE vehicle off road if I have not gained 4WD approval.
- I understand that this authority is only valid while FLS holds a copy of my current licence. If renewed, cancelled or suspended you are required to inform FLS to update your details.
- I have read and agree to the terms and conditions of the University of New England's Vehicle Use Terms & Conditions and Safety Principles.

By signing, I confirm the above details are true and correct.

Full Name			
Signed		Date	/ /

Drivers Questionnaire - Transport

Total Number of Years Licensed to Drive a Motor Vehicle (whole numbers only).

No Yes, I have been fined or convicted of a speeding or other traffic offence (excluding parking) in the past five (5) years. If yes, please specify:

Have you had any convictions in the last five (5) years for any of the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Dangerous Driving | <input type="checkbox"/> Negligent Driving |
| <input type="checkbox"/> Drug Offences | <input type="checkbox"/> Culpable Driving | <input type="checkbox"/> Other |

Have you been involved in any accidents or lodged a claim in the past five (5) years?

No Yes. If yes, please specify:

Have you ever had insurance declined, cancelled, renewal refused and/or special conditions imposed?

No Yes. If yes, please specify:

Have you ever had a Drivers Licence endorsed, suspended or cancelled?

No Yes. If yes, please specify:

Do you suffer from any physical or mental disability or medical condition which could affect your driving performance? (e.g. epilepsy, diabetes, heart condition, faulty eyesight?)

No Yes. If yes, please specify:

By signing below, I hereby declare and warrant that I have read and will abide by the Safety Principles Transport Documents and completed the Drivers Questionnaire above. The answers given to the above questions are in every respect true and correct and I have not withheld any information.

Full Name

Signed

Date

/ /