



PRIVATELY OWNED VEHICLE (POV) TRAVEL AUTHORIZATION

As a provision of my approval to utilize my privately owned vehicle (POV) for the following service and activities fee sponsored activity, I _____
acknowledge and accept full responsibility for my safety and the safety of other Lower Columbia College students or employees traveling with me to this event.

DRIVER RESPONSIBILITIES AND INSURANCE REQUIREMENTS

OFM 12.30.30.a

When driving privately owned vehicles (POVs) on official state business, state drivers are to comply with the state of Washington's liability insurance laws, chapters 46.29 and 46.30 RCW. If an accident occurs when the state driver is operating a POV, the state driver's personal automobile insurance is primary and will be exhausted prior to application of the state's self-insurance coverage. **Insurance deductibles are the responsibility of the POV driver and are not reimbursable by the state.**

OFM 12.30.30.b

The driver is to operate a POV in a professional and safe manner, and comply with all Washington traffic laws and regulations.

OFM 12.30.30.c

A POV driver involved in an accident is to complete a State of Washington Vehicle Accident Report (SF 137) as outlined in Subsection 12.30.30.20.b (10) and follow the procedures in Subsection 12.30.40.

The SF 137 may be found in the glove compartment of the motor vehicle or is available online at:

<http://www.ofm.wa.gov/rmd/vehicles/default.asp>.

OFM 12.30.30e

Reimbursement for the use of a POV is not to exceed the private vehicle mileage reimbursement rate specified in Subsection 10.90.20 as authorized by RCW 43.03.060.

Please visit the Office of Financial Management: www.ofm.wa.gov for additional information.

I have read and understand the Driver Responsibilities and Insurance Requirements. I recognize my responsibility to follow prudent safety measures and agree to engage in reasonable safety practices during transport and while participating in this activity. As a result, I will hold the College blameless for the occurrence of any injury during transport or while participating in the event.

Activity/Event _____

Date _____

Driver Signature _____

Date _____

Advisor Print & Sign _____

Date _____

Student Programs Approval _____

Date _____

Driver must provide current driver's license and proof of insurance to the Student Activities Office when submitting this form.