

## Fleet Services

225 Sterrett Drive (0519) Blacksburg, Virginia 24061

P: 540-231-6141 | F: 540-231-4435 fleet.services@vt.edu parking.vt.edu/fleet-services

## PROPER USE OF STATE VEHICLES USERS WITH COMMERCIAL DRIVER'S LICENSE (CDL)

- · State vehicles are to be used for official university business only.
- Using a state vehicle for commuting between an employee's home and office is prohibited unless a specific exemption is granted by the vice president for operations for those employees required to respond to job related emergencies and commuting is the only cost-effective or practical alternative.
- · Using a state vehicle for transportation for personal business or pleasure is prohibited.
- Individuals driving state vehicles are authorized to use such vehicles to obtain meals and other necessities for travel when traveling on official university business.
- Only individuals on official university business are allowed to ride in state vehicles. Individuals not
  employed by the state may accompany state employees operating state vehicles when they are needed
  to support the purpose of the trip (i.e. official university business). Non-state employees on university
  business could include students, volunteers, vendors, spouses, or official university visitors.
- · Smoking in a state vehicle is prohibited.
- · Accidents or damage to state vehicles should be reported to the State Police or Virginia Tech Police as required under the Risk Management procedures at www.controller.vt.edu/risk.
- Electronic Devices, including, but not limited to, cell phones, smart-phones, or other similar devices must be operated via a hands-free device. Any other use such as text messaging or emailing is prohibited while the vehicle is in drive and/or in motion. Use of two-way radios and related mission essential equipment for emergency response vehicles will be governed by agency policy.
- I certify that I have a valid CDL with \_\_\_\_\_ endorsements and will maintain it throughout my related employment.
- I certify that I have a valid DOT medical certification and will maintain it throughout my related employment.
- · I certify that I have read, understand, and will comply with University Policy 4061.
- I certify that I will notify my supervisor at once if I receive any traffic violations or driving convictions
  that may impact my driving record. I will also notify my supervisor at once if my license is revoked or
  suspended for any reason at any time.
- I certify that I will notify my supervisor at once if I have a medical condition or if I am taking medication that may impact my ability to drive. I will also notify my supervisor at once if my DOT medical status changes for any reason at any time.
- Failure to abide by these guidelines is cause for disciplinary action up to and including termination of employment.



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I verify that I have a valid driver's license and DOT medical certification, and that I will report, to my department head,

Printed Name <u>:</u>	Date:	
Signed:		
CDL expiration:	DOT Medical Certification expiration:	_ Supervisors' Initials:

This form is retained in the employee's personnel file within the employing department.