

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Community Colleges of Spokane

INFORMED ACKNOWLEDGEMENT OF VEHICLE OPERATOR RESPONSIBILITY

Please read carefully and be sure you understand the information contained in this Acknowledgement before you sign.

- A. The purpose of this Acknowledgement is to advise you of your responsibilities as an operator of a state-owned, commercial rental car or leased vehicle when operating and/or transporting authorized passengers while on official Community Colleges of Spokane (CCS) business.
1. When a state-owned, commercial rental car or leased motor vehicle is being operated for official CCS business, any person exercising control over and/or operating the vehicle is expressly prohibited from engaging in the unauthorized transportation of passengers. Unauthorized transportation is defined as any transportation of passengers not specifically authorized by the chancellor, designated college president, IEL chief executive officer or authorized designee in the performance of official state business, and includes, but is not limited to the transportation of family members, relatives, friends and pets for any personal reason.
 2. The chancellor, designated college president, IEL chief executive officer or authorized designee **must** approve the transportation of family members, relatives or friends in state-owned, commercial rental car or leased vehicles while conducting official CCS business.
 3. The transportation of authorized passengers in a state-owned, commercial rental car or leased vehicle while on official CCS business is a personal decision, and the state of Washington will not provide excess liability protection to the authorized passenger in the event of an accident.
- B. The chancellor, designated college president, IEL chief executive officer or designee may authorize the use of a privately-owned motor vehicle in the conduct of official CCS business when it is more advantageous or economical to CCS that the individual travel by privately owned vehicle rather than common carrier or a state-owned or operated passenger motor vehicle.
1. The requirements of paragraph A apply to authorized use of a privately-owned vehicle in the conduct of official CCS business.
 2. When driving a privately-owned vehicle on official CCS business, each CCS employee/volunteer must comply with the State of Washington's liability insurance laws, Chapters 46.29 and 46.30 RCW, possess a valid driver's license and have successfully completed the CCS safe driver training program.
 3. If an accident occurs when the employee/volunteer is driving his/her privately-owned vehicle, that individual's insurance is primary and will be utilized prior to the state of Washington's possible provision of any excess liability protection.

Informed Acknowledgement of Vehicle Operator Responsibility

The purpose of this Acknowledgement is to aid you in making an informed decision as to whether you should transport authorized passengers while on official CCS business. As a condition of approving the transportation of the passenger(s) listed below, you are required to sign this document acknowledging your responsibilities and understanding of all potential hazards and risks of transporting authorized passengers while on CCS business.

Vehicle operator name (CCS employee/volunteer)	Authorized passenger name	Relationship to vehicle operator

I, _____, acknowledge that I have read and understand the terms and conditions of this Informed Acknowledgement of Operator Responsibility.

I further acknowledge that I understand my responsibilities and the potential hazards and risks associated with transporting authorized passengers in a state-owned, commercial rental car, leased or privately-owned vehicle while on official CCS business.

By signing this Informed Acknowledgement of Operator Responsibility, I acknowledge that I have read and understand its contents and agree to its terms.

Thus done and signed this _____ day of _____, 20_____.

CCS employee/volunteer signature

Date

Authorized:

chancellor, college president or IEL CEO (or authorized designee)

Date