

Oak Ridge Institute for Science and Education (ORISE)
Research Participant Driver Survey
For the policy year 1 July 2007 – 30 June 2008

To be completed by mentor:

Installation point of contact: _____

Address: _____

Phone/Fax: _____

Email Address: _____

Names of proposed participant drivers: _____

Brief description of research project as it relates to requirement to drive vehicles: _____

ORISE participants will be permitted to drive the following vehicle(s) within a 50 mile radius from the installation address.

List vehicles to be driven by ORISE participants:

Year _____

Make _____

Type (private passenger vehicle, van, truck etc.) _____

Model _____

Weight of truck, if applicable _____

Year _____

Make _____

Type (private passenger vehicle, van, truck etc.) _____

Model _____

Weight of truck, if applicable _____

***Additional vehicles can be attached on separate page.**

ATV'S ARE NOT APPROVED FOR COVERAGE

I certify that the named ORISE participants will drive the above mentioned vehicles only in the course of their research participation appointments. Use of government vehicles for personal business will not be permitted. If a vehicle is to be kept overnight by an ORISE participant, the vehicle will be used only to travel between lodging and approved research or meeting site(s). This installation will keep maintenance records on all of the above vehicles. **No vehicle over 10,000 pounds gross weight will be driven by any participant.**

Mentor Signature

Date

Please fax completed surveys to: ORISE (410) 306-9306 ATTN: Brooke Elkins

ORISE Research Participant Driver Survey – Policy Year 1 July 2007 – 30 June 2008

Installation: _____

To be completed by ORISE participant

Full name on driver's license _____

ORISE appointment dates _____

Driver's license number _____

State of driver's license _____

Any restrictions? _____

List all other states and license number where you have ever been issued a driver's license:

Date of birth: _____ SSN: _____

Home address: _____

Email address: _____

Daytime phone: _____

You must meet specific insurance company criteria to be eligible for this insurance coverage. Circle one answer for each question.

Have you had...?

- YES NO A reckless driving citation in the last 5 years?
YES NO A citation for driving under the influence of alcohol or drugs in the last 5 years?
YES NO More than two moving violation citations in the last 3 years?
YES NO More than two at-fault accidents in the last 3 years?
YES NO A combination of three or more separate incidents of citations and at-fault accidents in the last 3 years?

If you answered yes to any of the above questions, you are not eligible for this insurance coverage.

- YES NO Are you between 21 and 65 years of age?
YES NO Do you have a valid state driver's license?

If you answered no to either of these two questions, you are not eligible for this insurance coverage.

You must immediately report to ORISE any future driving incident that relates to any of the above criteria.

Your signature below indicates that you are willing to drive a government vehicle in the course of your ORISE research activities, and that you give your consent for ORISE to obtain motor vehicle reports from every state where you have been licensed and for ORISE to obtain periodic updated reports from the state where you are currently licensed. If at any time you fail to meet all the above criteria, your government auto liability insurance will be discontinued.

PARTICIPANT SIGNATURE

DATE

Add an additional page for each proposed participant driver.

Please fax completed surveys to: ORISE (410) 306-9306 ATTN: Brooke Elkins