Safe Driving Program Temporary Permit Application

California State University San Marcos • Safety, Health & Sustainability
333 S. Twin Oaks Valley Road • San Marcos, CA 92096 • Craven Hall 4700 • (760) 750-4502

Employee Name: _____

Job Title: _____

Department: _____ Phone Number: _____

Describe the event, including the date, requiring you to drive on University business and the reason you cannot complete the required defensive driving classes before this event:

Attach the following documents to this application:

- ☐ STD 261 Authorization to Use Privately Owned Vehicles on State Business (attach copy)
  Employee completes Section I Certification and supervisor/delegate completes Section II Approval
- ☐ Form INF 1101 Authorization for Release of Driver Record Information (attach original)
  Employee completes the top section only
- ☐ California Driver's License (attach copy)

I understand that Safe Driving Program Temporary Permits are approved for 45 days only. If issued a temporary permit, I will complete the required defensive driving courses before the expiration date.

Employee Signature: _____ Date: _____

Supervisor* Name: _____ Supervisor* Approval: ☐ **Yes** ☐ **No**

Supervisor* Signature: _____ Date: _____

Safety, Health & Sustainability Services Use Only

Safe Driving Program Temporary Permit **Approved** **Denied** **Expiration Date:** _____

Reason for denial: ☐ N/A

Application Reviewer: _____

Reviewer Signature: _____ Date: _____

*Supervisor or Supervisor's Delegate