**Procurement Services**

Kelley Memorial Building, 550 University Avenue

Charlottetown, PE, Canada C1A 4P3

Telephone: 902-566-0315 • Email: [drivers@upei.ca](mailto:drivers@upei.ca)

**PLEASE COMPLETE THIS FORM TO REPORT AN ACCIDENT OR MOVING VIOLATION**

Any individual that is authorized to drive a motor vehicle owned or leased by the University must report any accidents or moving violations, whether in a University or personal vehicle, in accordance with the [*Vehicles Owned or Leased - UPEI Safety & Risk Management Policy*](http://www.upei.ca/policy/gov/brd/rmt/0008). To report an accident or moving violation you must complete this form and submit to the Vehicle Coordinator in your Department and the Procurement Services Office at [drivers@upei.ca](mailto:drivers@upei.ca).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PART 1: DRIVER’S INFORMATION | | | | | | | |
| Driver Name: | |  | | Position: | |  | |
| Department: | |  | | University ID#: | |  | |
| Email: | |  | | Tel: | |  | |
| Vehicle Coordinator (VC): | |  | | VC Tel: | |  | |
| License Number: | |  | | License Expiry Date: | |  | |
| PART 2: DRIVING RECORD UPDATE | | | | | | | |
| In the past three (3) years, have you had: | | | Total Number: *[See Driver Qualification Procedure for guidance]* | | | | |
| (1) Any Accidents | | Yes  No | 1  2  3+  Any Major? | | If you answered yes to any of these, please provide date and particulars of any accidents or moving violations on Appendix A – Driving Record Supplementary Information. | | |
| (2) Any Moving Violations  *(ex: speeding, impaired driving)* | | Yes  No | 1  2  3+  Any Major? | |
| (3) Has your license been suspended for any reason? | | Yes  No |  | |
| *\* Please be advised your driving record may be verified by the University’s automobile insurer and/or insurance broker.* | | | | | | | |
| PART 3: DRIVER AUTHORIZATION/CERTIFICATION | | | | | | | |
| 1. I authorize the University of Prince Edward Island and the University’s automobile insurance provider or broker to obtain a copy of my driver’s record from the Motor Vehicle Branch PEI Department of Highways, or any other appropriate jurisdiction. 2. I certify that the information provided herein is a full accurate disclosure of my driver’s record and the details of the accident and/or moving violation. I understand that a misrepresentation on this form will result in the denial or revocation of driving privileges. The Applicant may be held personally liable if the Applicant’s misrepresentation causes the University’s insurer refuses to insure the Applicant in the event of an accident.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date | | | | | | | |
| PART 4: DRIVING AUTHORIZATION | | | | | | | |
| Position | Name | | Department | Signature | | | Date |
| Vehicle Coordinator |  | |  |  | | |  |
| Fleet Administrator |  | |  |  | | |  |
| **Driver Approval Revoked:**   Yes  No  Comments/Notes: | | | | | | | |

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 31(c) of the *PEI Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of authorizing (including assessment of driving record) and maintaining a registry of individuals authorized to drive University owned or leased vehicles in accordance with the Vehicles Owned or Leased Policy.  Direct any questions about this collection to the Manager, Contracts & Insurance either in person at the address listed above, by telephone at 902-620-5102 or by email at [insurance@upei.ca](mailto:insurance@upei.ca).

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Appendix A – Driving Record Supplementary Information

|  |  |  |  |
| --- | --- | --- | --- |
| Accidents | | | |
| No. | Date | Major? | Details |
| 1 |  | Yes  No |  |
| 2 |  | Yes  No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Moving Violation | | | |
| No. | Date | Major? | Details |
| 1 |  | Yes  No |  |
| 2 |  | Yes  No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| License Suspension | | | |
| Date of Suspension | Length of Suspension | Details | Are you required to take any training or courses in order to reinstate your license? |
|  |  |  |  |