

Grand Rapids Community College Transportation Vehicle Request Form

Request No

Request Date

Department

Vehicle

Class/Unit

First Name

Rental?

Last Name

Destination

Out Date

In Date

Out Time

In Time

Out Mileage

In Mileage

Total Mileage

Charge

NOTE ANY MECHANICAL PROBLEMS WITH THIS VEHICLE:

General Van Information

1. The person signing for the van is responsible for the return of the van in the same condition in which it was checked out. Any damage or unnecessary clean up which is deemed to be the result of negligence shall be the responsibility of the user.
2. The user agrees to observe all standard traffic rules and regulations governing motor vehicles while in the possession of this vehicle.
3. This vehicle may be operated by employees or staff members of Grand Rapids Community College only. Student operation of this vehicle is not allowed and will void College insurance thus making the signed user liable and responsible for any and all personnel and property damage which may result.
4. It is understood that this vehicle is not to transport any mind altering or controlled substance such as alcohol or narcotics.
5. This vehicle is for official College business only which does not include stops at any establishment serving alcoholic beverages.
6. In the event of an on the road emergency situation, contact the Grand Rapids Community College Athletic Director at (616) 234-4268. If there is not a human answer, leave a detailed message on the voice mail as to the nature of the problem, your location, the status of all vehicle passengers, and a return phone number where you can be reached. This phone will be checked regularly when vehicles are on out of town trips. Remember, speak slowly and clearly when leaving the message.
7. All vehicle occupants, including the driver and passengers, will observe all appropriate College Policies and regulations.

Michigan Department of State Record Lookup Request for Governmental Agencies

If you are **not** requesting information for a Governmental Agency, use form **BDVR-153** if requesting your own record, or form **BDVR-154** if you are requesting records on someone other than yourself.

Section 1. Requestor (Please print or type all information.) *			
Governmental Agency Name *		Representative's Name and Title	
Grand Rapids Community College Police Dept.		Chief Cindy Kennell	
Mailing Address			File or Claim Number
143 Bostwick Avenue, #423M			
City	State	Zip	Daytime Telephone Number
Grand Rapids	Michigan	49503	(616) 234 - 4010

Section 2. Department of State Account Number	
<input type="checkbox"/> To my knowledge, this agency has not been assigned a Department of State Account Number. A cover letter, with our Government Agency letterhead, is enclosed requesting an account number be issued for current and future use.	
<input type="checkbox"/> Certified record needed	

Section 3. Driver Information (If you only want a driver record, leave Section 4 blank.)		
<input checked="" type="checkbox"/> Current Driving Record for: <small>(Shows current address)</small> <input checked="" type="checkbox"/> Employment or Insurance <input type="checkbox"/> Court <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Current Application or Application History from ____/____/____ to ____/____/____ <input type="checkbox"/> Address History from ____/____/____ to ____/____/____	
Driver's Full Name (First, Middle, Last)	Driver License Number	Birth Date
Driver's Full Name (First, Middle, Last)	Driver License Number	Birth Date

Section 4. Registration or Title Information (Insurance information is not available.)			
License Plate or Registration Number	Vehicle Year	Vehicle or Watercraft Make	Vehicle or Hull Identification Number
<input type="checkbox"/> Computer Printout showing Vehicle Ownership and Lien Information <input type="checkbox"/> Registration (copy of registration) Date of Loss _____	<input type="checkbox"/> Copy of Current Title Application and Related Forms <input type="checkbox"/> Complete Title History <input type="checkbox"/> Partial Title History from ____/____/____ to ____/____/____	Check box if you want: <input type="checkbox"/> All motor vehicles registered or titled to this owner. <input type="checkbox"/> All other registered or titled assets for the owner indicated.	
Owner(s) Name		For Office Use Only	
Owner(s) Address			
City	State		

BDVR-155 (10/03)

SECTIONS 1, 2 AND 5 MUST BE COMPLETED IN ORDER TO PROCESS YOUR REQUEST FOR RECORDS

Grand Rapids Community College Driver Verification Form

College Unit or Department:

Specific Class, Team, or Club:

Trip Destination:

Departure Date:

Departure Time:

Return Date:

Return Time: 18:00

Vehicle Drivers Must Be Listed Below!

Primary Driver:

Secondary Driver 1:

Secondary Driver 2:

Secondary Driver 3:

Secondary Driver 4:

Vehicle Number Or Type: Rental Car

All drivers must present a copy of their valid State of Michigan Motor Vehicle Operators License. All paperwork will be destroyed at the conclusion of each uneventful trip. The primary driver agrees to accept complete responsibility for the vehicle during the time of check out for the actions of all drivers. All drivers agree to operate vehicles in accordance with applicable traffic laws and ordinances.

_____ Primary Driver Signature	_____ Date
_____ Secondary Driver 1 Signature	_____ Date
_____ Secondary Driver 2 Signature	_____ Date
_____ Secondary Driver 3 Signature	_____ Date
_____ Secondary Driver 4 Signature	_____ Date