Please send as scan by email to: referat\_ivc@tu-darmstadt.de

**Application for permission to drive university vehicles**

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| Please note that this application must be **completed** and **signed before** a permit can be issued.An application for permission to drive university vehicles is **only necessary if** the State of Hesse covered the vehicle by self-insurance (*Selbstversicherung*). |

1. **Details of supervisor (= applicant)**

|  |  |
| --- | --- |
| Surname, first name of **supervisor:**Klicken oder tippen Sie hier, um Text einzugeben. | Title:Klicken oder tippen Sie hier, um Text einzugeben. |
| Faculty / institute / department / facility:Klicken oder tippen Sie hier, um Text einzugeben. | Office address:Klicken oder tippen Sie hier, um Text einzugeben. |
| Phone number:Klicken oder tippen Sie hier, um Text einzugeben. | Email addressKlicken oder tippen Sie hier, um Text einzugeben. |

I hereby request that the **following vehicle driver** may be granted

|  |  |
| --- | --- |
| Surname, first nameKlicken oder tippen Sie hier, um Text einzugeben. | Title:Klicken oder tippen Sie hier, um Text einzugeben. |

permission to drive university vehicles for the duration

[ ]  of work currently performed

[ ]  from Klicken oder tippen Sie, um ein Datum einzugeben. through Klicken oder tippen Sie, um ein Datum einzugeben. (if permission is needed only once).

The driver is employed at

|  |
| --- |
| Faculty / institute / department / facility:Klicken oder tippen Sie hier, um Text einzugeben. |
| [ ]  permanently | [ ]  temporarily until Klicken oder tippen Sie, um ein Datum einzugeben. | [ ]  as pay-scale employee (*Tarifbeschäftigte\*r*) of TU Darmstadt[ ]  as non-pay-scale employee (*nicht Tarifbeschäftigter*) of TU Darmstadt (*e.g.* a student at TU Darmstadt) |
| In case of non-pay-scale employees (*nicht Tarifbeschäftigte\*r*), please give a reason why a permission to drive a university vehicle is necessary. Klicken oder tippen Sie hier, um Text einzugeben. |

|  |
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| The **original** driving license was presented to me on: Klicken oder tippen Sie hier, um Text einzugeben. and corresponds to the attached copy **⇨**  **Please attach a copy of the driving license.** |

**Notification duties / obligations:**

I assure that I shall

* verify the validity of the driving license on a half-yearly basis, and
* inform the driver of their duties which arise from the provisions of the *Straßenverkehrsordnung* – *StVO* (traffic regulations) as well as the *Kraftfahrzeugbestimmungen* (motor vehicle regulations) once annually, at the least.

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| Darmstadt, Klicken oder tippen Sie, um ein Datum einzugeben. |  |  |
|  |  | signature of supervisorstamp of organisational unit |

1. **Driver’s details** (to be filled in by the future driver)
2. **Personal data:**

|  |  |
| --- | --- |
| Surname, first nameKlicken oder tippen Sie hier, um Text einzugeben. | Title:Klicken oder tippen Sie hier, um Text einzugeben. |
| Faculty / institute / department / facility:Klicken oder tippen Sie hier, um Text einzugeben. | Office address:Klicken oder tippen Sie hier, um Text einzugeben. |
| Phone number:Klicken oder tippen Sie hier, um Text einzugeben. | Email addressKlicken oder tippen Sie hier, um Text einzugeben.: |

1. **Are you the holder of a valid German driving license or a valid EU or EEA (Iceland, Liechtenstein, Norway) driving license, respectively?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  yes  |  |  | [ ]  no |
| 1. Driving license number:

Klicken oder tippen Sie hier, um Text einzugeben. |  |  | 1. From which country is your driving license?

Klicken oder tippen Sie hier, um Text einzugeben. |
| 1. Date of issue:

Klicken oder tippen Sie hier, um Text einzugeben. |  |  | 1. Are you authorized to drive a motor vehicle with this driving license in Germany?

 yes no |
| 1. Issuing authority:

Klicken oder tippen Sie hier, um Text einzugeben. |  |  | Please attach a **translated** copyof your driving license  |

1. **Notification duties / obligations:**

According to section 2 *Straßenverkehrsgesetz*, StVG (road traffic law), I assure that I shall only drive university vehicles (including on the premises of TU Darmstadt) while in possession of a **valid** driving license and only after having been granted permission to drive university vehicles. I shall notify my office **immediately** if:

* I no longer feel able to drive a university vehicle safely for health reasons; and/or

• I am prevented from driving a motor vehicle for legal reasons (*e.g.* a revocation / suspension of my driving license, or a driving ban)

I assure that the information I have provided is correct and complete.

I agree that the data given in this application may be processed and stored on data carriers for the administration of permissions to drive university vehicles in accordance with the relevant statutory regulations.

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| Darmstadt, Klicken oder tippen Sie, um ein Datum einzugeben. |  |  |
|  |  | signature driver |