Grand Rapids Community College
Transportation
Vehicle Request Form

Department
Class/Unit
First Name
Last Name
Destination

Vehicle

Out Date
Out Time
Out Mileage

In Date
In Time
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**  
Grand Rapids Community College Police Dept.  
**Representative’s Name and Title**  
Chief Cindy Kennell  

**Mailing Address**  
143 Bostwick Avenue, #423M  

**City**  
Grand Rapids  
**State**  
Michigan  
**Zip**  
49503  
**File or Claim Number**  

**Daytime Telephone Number**  
(616) 234 - 4010

**Section 2. Department of State Account Number**

☐ 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.

☐ Certified record needed

**Section 3. Driver Information**

☒ Current Driving Record for:
  (Specify current address)
☒ Employment or Insurance
☐ Court
☐ Other:

**Current Application or Application History**

from__/__/____ to__/__/____

**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

☐ Computer Printout showing Vehicle Ownership and Lien Information

☐ Copy of Current Title Application and Related Forms

☐ Complete Title History

☐ Registration (copy of registration)

☐ Partial Title History

Date of Loss ____________

from__/__/____ to__/__/____

**Owner(s) Name**

**Owner(s) Address**

**City**

**State**

**Zip**

For Office Use Only  
BDVR-155 (10/03)

**Check box if you want:**

☐ All motor vehicles registered or titled to this owner.

☐ All other registered or titled assets for the owner indicated.

**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