



Operational Risk Management  
4400 University Drive, MSN 6D6, Fairfax, VA 22030  
Phone: 703-993-2599

## VEHICLE RESTRICTIONS WAIVER

George Mason University Policy 1411 has restrictions on travel in SOV's. Operational Risk Management (ORM) may grant exceptions to this policy on a case-by-case basis. Requesting an exception for ORM review does NOT guarantee approval. **Please be advised that your department may incur additional costs related to breakdowns, accidents, towing, transportation, hotel etc. related to traveling via a state operated vehicle.**

Instructions: Completed application, including required signatures, must be submitted to ORM via email at [risk@gmu.edu](mailto:risk@gmu.edu) or campus mail at MSN6D6, at least 15 days in advance of the proposed travel date. George Mason University cannot guarantee pre-departure approval decisions for late applications. Please write legibly or preferably, type responses. ORM will issue acceptance/denial within 10 business days of receiving an application; five business days if expedited review is requested and warranted.

### SECTION I: TRAVELER/TRIP LEADER INFORMATION

Name: \_\_\_\_\_ University G#: \_\_\_\_\_ Email: \_\_\_\_\_  
College, School, Department: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
Office Phone #: \_\_\_\_\_ I Am: Faculty Staff Student Other (Explain): \_\_\_\_\_  
Are you completing this waiver for independent travel or on behalf of a group? Individual Group

### SECTION III: TRIP DETAILS

Dates of Travel: \_\_\_\_\_ Number of Anticipated Travelers: Employees: \_\_\_\_\_ Students: \_\_\_\_\_ Others: \_\_\_\_\_  
(Please include yourself if you are participating)

Trip Itinerary:

(Please attach additional documentation if more space is needed.)

City	State	Date(s)

Please list the names of the drivers and the dates they completed the required trainings. (Please attach additional documentation if you need more space than is provided)

Name of Driver	University Status	MVR Check (Date)	Driver Training (Date)	Van Training (Date)
	Employee Student			
	Employee Student			
	Employee Student			
	Employee Student			
	Employee Student			

What type of vehicle will you be requesting :

How many vehicles will be used for your trip:

Type of Activity/Program: Academic Program Conference Training Research Field Work  
Educational Travel Volunteer Lecture Other

Frequency of Travel: One-Time Program Recurring Program

Please provide a comprehensive list of travelers:

Name of Traveler	University Status		
	Employee	Student	Other
	Employee	Student	Other
	Employee	Student	Other
	Employee	Student	Other
	Employee	Student	Other
	Employee	Student	Other
	Employee	Student	Other
	Employee	Student	Other
	Employee	Student	Other
	Employee	Student	Other

(You may provide an attachment if sufficient space has not been provided.)

#### SECTION IV: EXPLANATION OF TRAVEL AND RESTRICTION WAIVER REQUEST

A. Provide a statement detailing your specific waiver request and include a compelling reason why the waiver should be granted. Please include a description of why other modes of transportation are not feasible.

B. Safety: Describe the steps that will be taken for mitigating the risk exposures in long distance driving.

#### Section V: SIGNATURES

Academic Dean, Director, or Administrative Department Head of the unit:

I have reviewed this waiver request and approve this travel

Name:

Date:

Signature:

Title:

##### For ORM Use Only

Date of Review:

APPROVED # of drivers

APPROVED mileage restrictions

APPROVED time of day restrictions

APPROVED other

with the following conditions:

DENIED for the following reason(s):

ORM Representative Name:

ORM Rep Title:

ORM Rep Signature:

Date: