

date faxed _____

transportation rental# _____

All Drivers must
take [online test](#)
and hand in
confirmation with
form

UNIVERSITY TRANSPORTATION SERVICES Rental Form

Transportation Services
3141 READING ROAD

(Hours of Operation 730a-2:30p M-F)

PHONE: 556-4424

FAX: 556-5173

Enterprise Services
3820 Gilbert Ave.

(Hours of Operation: 8am-4:30pm M-F, Sat. 9am-11am)

PHONE: 751-0200

Group Full Name: _____

Date: _____

Requester Name: _____ Phone: _____

Account Number (Office Use Only): _____

Answer the Following to determine **WHERE** you pick up and drop off the vehicle.

Pick up at **Transportation Services IF**
(Location: 3141 Reading Road)

- 1-2 vehicle (non cargo) are requested
- Pick up time is between 8am and 2:30pm M-F

Pick up at **Enterprise Services IF**
(Location: 2820 Gilbert Avenue)

- 3 or more vehicles or ANY pick-up trucks or cargo vehicles are requested
- Early pick-up from 3-5pm on Friday (for Saturday early morning drive)
- Pick up time is between 2:30-4:30pm M-F or Saturday 9am-11am

Drop off at **Transportation Services** if M-F between 8am and 2:30pm and 2 or less vehicles

Drop off at **Enterprise** if after 2:30pm M-F or on Sat./Sun. OR anytime if more than 3 vehicles

Date of Vehicle Pick-Up: _____ Time: _____

*Rental Location: UC Transportation ☐ Enterprise Rent-A-Car ☐

Date of Vehicle Return: _____ Time: _____

*Rental Location: UC Transportation ☐ Enterprise Rent-A-Car ☐

☐

Check box for early pick up at Enterprise between 2:30pm-4:30pm _____ (driver's initials)

NOTE: Vehicle must be parked until travel day. A \$25 fee will be assessed.

Date/Time Travel to Destination Begins: ____/____ (month/date) ____:____PM____/AM____

Trip Destination: _____ # of People Traveling: _____
(City and State)

Driver(s) Name(s) (over 21 and took quiz): _____

Name of Driver: _____ Contact Number: _____

Type of Vehicle: (note how many of each) NOTE: must be 21yrs of age to drive

*Check SUV Size:

Car ____compact ☐ midsize ☐ full size ☐ SUV _____ Sm (4 max) ☐ Med (5 max) ☐ Lrg ☐

Mini Van ____ (6 riders max) Truck ____ 12 passenger ____ (10 riders max) 15 passenger ____ (12 riders max)

(Passenger Vans cannot be operated in Canada)

*Motor Coach Bus ____ *Trailer ____ *School bus ____ *Mini shuttle ____ (Transportation II Form must also be filled out and faxed for the (*) vehicles)

Print: _____ Signature: _____

ADVISOR'S NAME

Print: _____ Signature: _____

SALD ADMINISTRATOR circle one: UFB AIC SGA SAB Nightwalk ClubSports Fraternity/Sorority
other: _____ Phone Number _____

Revised 06/14