



SMRTAC Driving Simulator Request Form

REQUESTOR DETAILS:

Date of Request

Anticipated date of return

Full Name

Contact information:

Phone number

Email

Address

EVENT DETAILS:

Name of Event

Date of Event

Address of Event

Start Time

End Time



Statement of Agreement

By signing this form, I agree to the following when using the SMRTAC Driving Simulator:

I agree to:

- Follow all instructions on set up and shut down
- Never turn off the machine without shutting it down
- Never leave in a vehicle during times of extreme heat or freezing temperatures
- Assure all cords and equipment are accounted for when returning
- Not loan the equipment to any other person (s) while in my trust
- Contact the service representative noted in the Driving Simulator Manual if there are any issues with the simulator functioning correctly or contact the SMRTAC representative noted on this form.

*Note that normal wear and tear of the equipment is expected. Any damage over and above normal wear and tear will be your responsibility. Normal wear and tear is defined as scratches to the cases, scuff marks etc.

Typed Name as electronic signature

Date



Return Form

Date Requested

Date Scheduled for return

Method of Equipment Return:

Meet SMRTAC representative at this location for exchange

Provide an approximate number of people who were present at your event and took part in the Driving Simulator Education

Return completed form to Peggy Sue Garber via fax or email to:
fax: 507-238-8653