



Please submit a copy of the front and back of your driver's license along with this form.

Driver Information

Last: _____ First: _____ Middle: _____ Suffix: _____

Status: ☐ Faculty ☐ Staff ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student

UR ID: _____ Birthdate: _____ Phone: _____ Email: _____

Current Driver's License No.: _____ State Issued: _____ Expiration: _____

Driving History

Have you had a valid driver's license for at least **three (3) years**? ☐ Yes ☐ No

If No, date license issued: _____

Have you been licensed in any additional states within the last three (3) years? ☐ Yes ☐ No

If Yes, where? _____

Have you had any moving violations or license suspensions within the past 90 days? ☐ Yes ☐ No

If yes, describe below.

Date	City and State	Violation

Acknowledgment and Signature

- I acknowledge that I have read, understand, and agree to abide by the University Fleet Safety Policy, found on the Risk Management website at <https://risk.richmond.edu/fleet>.
- I understand that I must complete and successfully pass required driver training before being approved to operate University vehicles.
- I will comply with all applicable state and local laws regarding vehicle operation.
- I agree to report the revocation, forfeiture, or suspension of my driver's license immediately to my supervisor.
- I understand that my driving privileges will be suspended or revoked if at any time my driving record reflects the following within the past three years: more than three (3) moving violations or more than eight (8) negative points; DUI (or equivalent); reckless driving; operating a vehicle with a suspended or revoked license; failure to report an accident; and hit and run.
- I understand that Risk Management will obtain my driving record annually or as deemed necessary for as long as I am included in the Driver Safety Program.
- I understand that I can submit a written request to Risk Management to be removed from the Driver Safety Program at any time; however, doing so will mean I am no longer eligible to drive University vehicles.

Signature: _____ Date: _____

Authorizing Department

Employees and Students - This section should be completed by your supervisor or a department representative.

Student Organizations - This section should be completed by a representative from the Center for Student Involvement.

Name of Department: _____

Authorized to drive: ☐ Car, SUV, Minivan ☐ 12 Passenger Van ☐ Service Vehicle ☐ Golf Cart

Authorizer (Printed Name)

Signature

Date