



Please submit a copy 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:

Please provide the address listed on your driver's license:

Address: City: ST: ZIP:

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

Driving History

I intend to drive a: Car, SUV, Minivan 12 Passenger Van Service Vehicle Golf Cart

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

If No, date license issued:

Has your license ever been suspended or revoked in any state? Yes No

If Yes, when?

Have you had any moving traffic violations within the last three years? Yes No

If yes, describe below.

Table with 3 columns: Date, City and State, Violation

Authorizing Department

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.

Authorizer (Print Name)

Signature

Date

Acknowledgment and Signature

- I acknowledge that I have read, understand, and agree to abide by the University Fleet Safety Policy...
I understand that I must complete and successfully pass required driver training...
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...
I understand that Risk Management will obtain my driving record annually or as deemed necessary...
I understand that I can submit a written request to Risk Management to be removed from the Driver Safety Program at any time...

Signature: Date: