

DRIVER AUTHORIZATION FORM

Recertification _____
1st Training _____

All Drivers of University Owned Vehicles Must Be Approved Annually

1. Complete and sign the form - have your supervisor sign - take to The Safety and Security Department (76 Park St. Ground Floor) for training (if necessary) and DMV license check.
2. Provide copy of your driver's license with the application.
3. Completed form with copy of license check will have final approval by Director of Safety and Security and distributed to the approved driver listings maintained by Safety and Security.
4. This form must be completed and approved on an annual basis by October 15th.

ALL STUDENTS AND ALL VAN DRIVERS MUST COMPLETE THE DRIVER TRAINING

DRIVER TRAINING ONLY NEEDS TO BE SUCCESSFULLY COMPLETED ONCE TO BE AUTHORIZED TO DRIVE AN SLU VEHICLE.

NAME _____ DATE OF BIRTH _____ YR.GRADUATED _____

(PLEASE PRINT OR TYPE)

ADDRESS – Campus SMC # _____ DORM _____ PHONE # _____

Home- _____

(Street) (City) (State) (Zip Code)

DRIVER'S LICENSE _____

Please attach a copy (Number) (Class) (State of Issue) (Expiration Date)

of your license

List all accidents or convictions within the last 24 months: _____

Years of Driving Experience _____

*** STUDENTS*** WOULD YOU BE WILLING TO DRIVE FOR OTHER DEPARTMENTS? _____

I certify that the information presented above is correct and that I will report any change to the University promptly.

I hereby authorize the University to obtain a Department of Motor Vehicles' report of my driving records.

(SIGNATURE) (DATE)

Department Name _____
(work for or sponsored by) (DATE)

Department Supervisor's _____
Signature (PRINT NAME)

DMV CHECK & APPROVAL OF LICENSE BY _____ Date _____

Driver Training Course Completed: Date _____ Signature of Trainer _____

Van Authorized _____ Yes _____ No

Assistant Vice President Safety & Security and Emergency Management _____ Date _____