

## **Driver Authorization Form**

Complete this form annually to maintain driver authorization. Driving record check is required.

### **Employee Information**

**Name**

**Employee ID**

**Department \***

**Phone**

**Email**

### **Driver's License Information**

**Driver's License Number \***

**State Issued**

**Expiration Date**

**License Class**

### **Driving Record Certification**

**I have a valid driver license**

I have NOT had my license suspended/revoked in the past 3 years

I have NOT had a DUI/DWI conviction in the past 5 years

I have NOT had more than 2 moving violations in the past 3 years

I have NOT been at fault in more than 1 accident in the past 3 years

### Training

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I have completed defensive driving training

Training Completion Date

(MM/DD/YYYY)

I have read and understand the University Vehicle Policy

### Agreement

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I authorize Wiley University to obtain my driving record \*

I agree to notify Risk Management of any changes to my driving status

**Employee Signature**

\_\_\_\_\_

Sign above

Date: \_\_\_\_\_

**Date**

(MM/DD/YYYY)

**Supervisor Approval**

\_\_\_\_\_

Sign above

Date: \_\_\_\_\_