

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

I have completed defensive driving training

Training Completion Date

(MM/DD/YYYY)

I have read and understand the University Vehicle Policy

Agreement

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: _____