

## Driver Authorization Form

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

### Employee Information

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Name

Employee ID

Department \*

Phone

Email

### Driver's License Information

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Driver's License Number \*

State Issued

Expiration Date

License Class

### Driving Record Certification

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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**

(MM/DD/YYYY)

Date:

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**Supervisor Approval**

Sign above

Date:

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