

## 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**

(MM/DD/YYYY)

Date:

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**Supervisor Approval**

Sign above

Date:

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