

12/11/2021



## Application for Driving Privileges

Faculty  Staff  Student

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
House Number & Street Name City State Zip Code

Department: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Years of Driving Experience: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Class or Type of License: \_\_\_\_\_

Number of Moving Violations within the Last 3 Years: \_\_\_\_\_

Type of Moving Violations: \_\_\_\_\_

**Use back of this sheet if more space is needed**

I, \_\_\_\_\_, understand and agree to the following:  
Name

1. To the best of my knowledge, the information recorded on this application is correct. I understand that any misrepresentation or falsification of information may be sufficient cause for rejection of motor vehicle operating privileges.
2. I hereby authorize the University Police to verify my driver's license information. This is a **Department of Motor Vehicles** record check to determine my eligibility to drive a college owned or leased vehicle.
3. I agree to abide by all laws and regulations pertaining to the operation of motor vehicles, as well as College driving policy regulations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS APPLICATION TO THE UNIVERSITY POLICE**

University Police