



Request for Driving Approval

Applicant Information

Date: _____

Driver Name: _____
Last First M.I.

Sex: Male / Female

Birth Date: _____

Driver's Lic. No.: _____

State: _____

SSN: _____

	Yes	No
Will you be driving the vehicle more than once per month?	<input type="checkbox"/>	<input type="checkbox"/>
During the past (3) years:		
1. Have you been involved in any accidents?	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you at fault?	<input type="checkbox"/>	<input type="checkbox"/>
3. Had any moving traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
4. Been canceled or refused auto insurance?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had your driver's license revoked, suspended or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
6. Had any physical impairments other than corrective glasses?	<input type="checkbox"/>	<input type="checkbox"/>

If any question(s) 1-6 have been answered with "yes," please provide full details below, use extra sheets as needed: (dates descriptions, amounts, or other explanation.):

Driver Signature - by signing you state above information is true to the best of my knowledge

Date

Submit to Director of Campus Safety with 5 year driving record from motor vehicle department of state licensed in.

Approval to Drive

Director of Campus Safety Signature

Date