DRIVER AUTHORIZATION APPLICATION
(APPLICATION MUST BE APPROVED PRIOR TO DRIVING)

Return this form with a copy of your driver's license to: The Office of Risk Management, Support Building, Suite 101, ATTN: Anissa Drabish

This form shall be completed by persons who may, for any reason, need to drive a University owned vehicle, or a vehicle leased or rented for the purpose of transporting passengers, regardless of their status as an employee (e.g., faculty, staff, etc.), student, student-employee or volunteer. COMPLETE THIS FORM EVEN IF IT IS ONLY A POSSIBILITY THAT THE AUTHORIZATION MAY BE NEEDED IN THE FUTURE. You will then be assured of your authorization should the need arise for you to drive. Carefully read this form and provide the following information:

PERSONAL INFORMATION:

PRINT: First Name, Middle Initial, Last Name

HOME ADDRESS (address which appears on driver's license)

STATE

BIRTH DATE

DAYTIME TELEPHONE NUMBER

LICENSE INFORMATION:

LICENSE NUMBER: ___________________________ EXPIRATION DATE: ___________________________

DRIVER'S LICENSE CLASS / TYPE: ___________________________ ISSUED BY THE STATE OF: ___________________________

List driving violations, if any, (excluding parking tickets), and describe any accidents in which you have been involved in the past three(3) years. If none, please indicate by stating "None".

GENERAL INFORMATION:

Description of official University business for which this request is made:

Dates of Departure / Return: ___________________________ Check all that apply: University-owned Vehicle

Rented / Leased Vehicle

12 - 15 Passenger Vans

I agree to abide by all laws and regulations pertaining to the operation of motor vehicles, as well as, University policy and driving regulations. I agree to a check of my driving record for purposes of approval of this driver authorization. I also understand that my driving record will be checked at least annually to keep this authorization current.

To the best of my knowledge, the information on this application is correct. I understand that any misrepresentation or falsification of information may be sufficient cause for rejection of motor vehicle driving privileges at GWU. I understand that any negative change in the status of my driving record may result in the revocation of the privilege of driving a University-owned Vehicle.

DEPARTMENT NAME: ___________________________ PRINTED NAME OF SUPERVISOR ___________________________

SIGNATURE OF APPLICANT ___________________________ DATE ___________________________

SIGNATURE OF SUPERVISOR ___________________________ DATE ___________________________

FOR RISK MANAGEMENT USE ONLY:

Reviewed by: ___________________________ Risk Management ___________________________

Date ___________________________

APPROVED ___________________________ COMMENTS: ___________________________

DENIED ___________________________

Revised: 09/2001