

ANNUAL DRIVER AUTHORIZATION APPLICATION
(APPLICATION MUST BE SUBMITTED AND APPROVED FIVE BUSINESS DAYS PRIOR TO DRIVING)

Return this form with a copy of your driver's license to: The Office of Risk Management, Support Building (2025 F St, NW), Suite 101, ATTN: Greg Kupka

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. Illegible applications will not be processed. ALL FIELDS ARE REQUIRED. Carefully read this form and provide the following information:

PERSONAL INFORMATION:

PRINT: Last Name, First Name, Middle Initial _____ E-MAIL ADDRESS _____

HOME ADDRESS (address which appears on driver's license) _____ CITY _____ STATE _____ ZIP CODE _____

BIRTH DATE _____ DAYTIME TELEPHONE NUMBER _____ Status: Employee Student
 Student-Employee Volunteer

LICENSE INFORMATION:

LICENSE NUMBER: _____ EXPIRATION DATE: _____

ISSUE DATE: _____ 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
 10 - 12 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 / Date	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	DATE TRAINED	COMMENTS: _____
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