L1904 July 2000, (608) 785-6800. Personally identifiable information will not be used for secondary purposes.

University of Wisconsin-La Crosse
Driver Authorization Application

- *Approval must be granted prior to use of vehicle for university business, allow at least 4 days for approval process.*
- *You will only be notified if your application is denied.*
- *Complete all **bold print** sections of this form and return it to:*

Chief of Protective Services, Information Center
University of Wisconsin-La Crosse
1725 State Street, La Crosse, WI 54601

This form shall be completed by every UW-L employee, student, student-employee or volunteer who may, for any reason, need to drive a State-owned vehicle, or a vehicle leased or rented for the purpose of completing university business. Complete this form even if it is only a possibility that the authorization may be needed in the future. Every UW-L employee with an out-of-State license, UW-L student, student-employee and volunteer who intends to drive a State or leased vehicle for university business must complete this form on an annual basis. Carefully read this form and provide the following information:

_____ **Status:** ☐ **Employee** ☐ **UW-L Student**
☐ **Volunteer** ☐ **Student-Employee**

PRINT: First Name, Middle Initial, Last Name

_____

PRINT: Daytime Phone Number

License Number: _____ **Issued by the State of:** _____

*(**NOTE:** If your license is not issued by the State of Wisconsin you will also need to submit the form "Notarized Statement of Driving Record.")*

List driving violations and dates, 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". Use back side of page if necessary.

_____

_____

Birth Date: _____ **Number of years driving experience:** _____

Driver's License Status: ☐ **Temporary** ☐ **Probationary** ☐ **Permanent** ☐ **Other:** _____

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

If the applicant will be driving a 12-15 passenger van, mini-bus, or bus, please check here: ☐

(Note: All drivers of a 12-15 passenger van, mini-bus, or bus must complete a van/bus training program. Contact UW-L Fleet Services at 785-8586 for additional information related to completing this training program.)

I acknowledge that I have read and understand the contents of the Policy and Procedure Manual for drivers of State or University Vehicles. (SEE, http://www.doa.state.wi.us/dsas/bots/fleet/fleet_home.asp). Copies of the manual are available in Protective Services. 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 annually to keep this authorization current, or more frequently, as determined by the Risk Manager or Chief of Protective Services. I agree to provide information to my supervisor in the event of a change in my driver's license. I agree to inform my supervisor and Protective Services whenever any negative change in the status of my driving record may occur, such as license revocation, restriction, or suspension. I understand that any negative change in the status of my driving record may result in the revocation of my privilege to drive a State or University vehicle.

_____ _____
Applicant's Signature **Date** **Department Name**

_____
Supervisor Name (Please print—signature not needed)

Final Review Authority Signature ----- To be completed by the Chief of Protective Services

Reviewed by: _____ ☐ Approved Comments:
Chief of Protective Services Date ☐ Denied