www.uwlax.edu/risk-management/

UNIVERSITY of WISCONSIN LACROSSE

www.uwlax.edu/police/

Driver Authorization Application

Instructions: This application must be completed by every UWL employee, student, student-employee or volunteer who may, for any reason, needs to drive any vehicle for the purpose of completing university business. Drivers with an out-of-state driver license must also complete the "Notarized Statement of Driving Record" form every year. Out-of-state drivers, volunteers and students must complete a new driver authorization application every year. All others need to submit a new application every three years. Completed forms, must be reviewed and approved by University Police prior to the use of the vehicle. Please provide the following information, carefully read the Driver Agreement, sign and date where indicated, and submit to your supervisor. After processing by University Police, you and your supervisor will be advised whether your application has been approved or denied

PLEASE PRINT LEGIBLY

| Driver's Name: Last, First, Middle | Date of Birth: mm/dd/yyy | y UWL Email Address | Cell Phone No. |
|--|---------------------------|-----------------------------|----------------------------|
| Department the vehicle(s) will be used for | Purpose(s) for Using Vehi | icle(s) | |
| Supervisor's Name | Supervisor's UWL Email / | Address | Supervisor's UWL Phone No. |
| Driver's Relationship to the University Employee Student Employee Student Volunteer | | | |
| Driver's License Number Issuing State | | | Expiration Date |
| Driver's License Status Permanent Temporary Probationary | | | No. of Years Driving |
| List ALL driving violations and accidents in the past three (3) years. Include dates and descriptions along with outcomes of the incident. If none, indicate "None". | | | |
| Driver Agreement: I acknowledge that I have read, understand, and agree to adhere to the <u>State of Wisconsin Fleet Driver & Management Policy &</u> <u>Procedures Manual for Drivers of State or University Vehicles</u> and the <u>UWL Driver Authorization Policy</u> . I agree to a check of my driving record by University Police for approval of this Driver Authorization Application. I also understand that my driving record will be checked annually to keep this authorization current, or more frequently, as determined by University Police or UWL Risk Manager. I agree to provide information to my supervisor and University Police in the event of a change in my driver's license and traffic violations or accidents. I understand that failure to report any information along with changes in the status of my driving record and/or failure to report such changes, as well as noncompliance or abuse of procedures may result in disciplinary action, such as suspension or revocation of my privilege and authorization to drive a vehicle on University business. If the applicant will be driving a 12-15 passenger van, mini-bus, or bus must complete a van/bus training program. Contact UWL Facilities Management at (608) 785-8586 for more information. | | | |
| Driver Signature | Date | Supervisor Signature | Date |
| Final Review Authority: Approved Denied | | | |
| Comments: | | University Police Signature | Date |