

Trinity University
AUTHORIZED DRIVER REQUEST

The information you provide on this form will be used to request a Motor Vehicle Report (MVR) from the Department of Public Safety to determine if you meet the requirements to drive for University business.

(Please complete thoroughly)

PLEASE PRINT

FULL NAME:	DEPARTMENT:	TODAY'S DATE:
HOME ADDRESS:	DRIVER'S LICENSE NO:	STATE OF ISSUE:
CITY:	DATE OF BIRTH:	EXPIRATION DATE:
STATE: ZIP CODE:	POSITION:	YRS. DRIVING EXPERIENCE:
SOCIAL SECURITY NO:	YOUR STATUS:	VEHICLE TYPE:
WILL YOU BE DRIVING A MULTI-PASSENGER VAN?		

A copy of your driver's license must be submitted along with this form. Please provide proof of insurance from your insurance company as to coverage limits, **only** if you will be using your personal vehicle for University business. This coverage must be maintained during the period of time your personal vehicle will be used.

IMPORTANT NOTICE:

The University only carries auto liability insurance coverage on University-owned vehicles. There is no auto collision or auto liability coverage for personal vehicles that are used for University business. The only coverage available would be whatever personal coverage the owner of the vehicle carries.

I certify that all the information provided above is correct and that I have read understood and agree to comply with the ***Authorized Driver Policy and Procedures***. I agree to inform my supervisor should my license be revoked or suspended for any reason. I further authorize the University to request an MVR for the license(s) listed above. Any falsification of information or failure to comply with the mandatory regulations may result in disciplinary measures and/or removal of my driving privileges for Trinity University.

Applicant's Signature

Date

Supervisor (Print Name)

Supervisor's Signature

Date

FOR OFFICE USE ONLY:

_____ MVR approval number

_____ Date Cleared

_____ Written safety materials provided