

**FAIRLEIGH DICKINSON UNIVERSITY
APPLICATION FOR AUTHORIZED DRIVER STATUS
FOR UNIVERSITY OWNED, LEASED OR RENTED VEHICLES**

Name _____

University Affiliation: Staff _____ Faculty _____ Student _____ FDU I.D. # _____

Campus & Dept: _____ Dept. Tel. # _____ Cell # _____

Authorized Driver Status Requested for what purpose: _____

Home Address: _____

City _____ State _____ Zip _____ DOB: (Month/Day/Yr) _____

U.S. Driver License # _____ State: _____ Exp. Date: _____

APPLICATIONS MUST BE SUBMITTED WITH A COPY OF CURRENT DRIVER'S LICENSE.

Is your license now revoked or suspended in NJ or any other State? Yes ___ No ___

Have you driven at least 5000 miles in the past two years? Yes _____ No _____

Vehicle(s) you will drive on University business: Car ___ Van ___ Truck ___ LSV ___ Golf ___

Do you have any moving traffic violations or have you been involved in any vehicle accidents while driving any motor vehicles during the last 24 months? Yes ___ No ___ If "Yes," describe below:

<u>DATE, CITY/STATE</u>	<u>DESCRIPTION</u>	<u>POINTS ON RECORD</u>
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I understand that I am required to notify my supervisor if my license is revoked or suspended for any reason. I certify that all information provided above is correct and truthful. I understand any falsification of information or failure to comply with the mandatory regulations may result in removal of driving privileges and/or disciplinary action.

I grant Fairleigh Dickinson University the right to check my driving record with any government motor vehicle authority, and I authorize Fairleigh Dickinson University to access and evaluate my motor vehicle record. In addition, I have completed and signed the required Confidential Release and Waiver Form.

For Student Applicants: In addition, I, _____, authorize the Dean of Student's office to release judicial information.

Applicant's Signature

Date

FDU Vice President, Provost or Director Signature

Date

FOR RISK MANAGEMENT USE ONLY

Results of MVR Check: _____

Driver Safety Testing: Test Date: _____ Test Score: _____ Passed: _____ Failed: _____

Approved: _____ Denied: _____ Reason: _____