
DRIVER AUTHORIZATION APPLICATION

This form is intended for use by persons who are driving and transporting students, prospective students, clients, etc. in state owned, leased, rented or borrowed vehicles, and personal vehicles, on University business, regardless of their status as an employee (e.g., faculty, staff, etc.), student employee, or volunteer. **Submit immediately after hire date or a minimum of 10 days prior to date approval needed.**

You must complete attachment A. Incomplete applications will not be processed.

Carefully read this form and provide the following information:

PLEASE PRINT:

_____ Are you enrolled in any classes at APSU? Yes ___ No ___
First Name Middle Initial Last Name

► **Employment Status:** _____ Full-Time Employee _____ Graduate Assistant
_____ Part-time Employee _____ Temporary Employee
_____ Student Employee _____ Athletic Department Student Host
_____ Official Volunteer (must be approved by the President)

► **If student employee or graduate assistant, including students hired as temporary workers, copy of job description MUST be attached.**

► **Describe official University business for which driving is required (must be specific):** _____

► **Number of years driving experience*:** _____ ***Minimum 2 years licensed driving experience required.**

► **List Personal Vehicle Insurance information:** Auto Insurance company: _____

Policy number: _____ Insurance agent's name: _____ Agent's phone number: _____

► **List driving violations**, if any (excluding parking tickets), and **describe any accidents** in which you have been involved in the past three (3) years. (Use the back of this sheet) If none, indicate by marking "none".
Listed on back _____ None _____ ****This disclosure should match your driving history report.**

I acknowledge that I have read and understand the contents of the Student Group Travel Policy and associated Student Travel Guidelines. (SEE <http://www.apsu.edu/policy/pdf3> and http://www.apsu.edu/student_affairs/travelguide)
I authorize a check of my insurance status and 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, or more frequently, as determined.
I agree to amend this application in the event of a name change in my driver's license. I agree to inform my supervisor and the Vice President for Student Affairs within 72 hours in the event of any negative change in the status of my driving record, such as but not limited to, license revocation, restriction or suspension. I understand that any negative change in the status of my driving record may result in the revocation of the privilege of driving and transporting students, etc. on University business.
I understand a manifest form must be completed and filed with Campus Police prior to each departure.

Department Name: _____

Supervisor's Signature Date

Applicant's Signature Date

PRINTED NAME of Supervisor

THIS APPLICATION MUST BE APPROVED PRIOR TO DRIVING -- Submit this form to Student Affairs, Morgan University Center, 206.

Reviewed by: _____
Student Travel Risk Date

Approved: _____

Campus Police Date

Denied: _____
License Expires: _____

Classroom training completion date: _____

Hands on Van Training completion date: _____