



# Student Organization Driver Authorization Form

Revised 8/27/09

Please check one:

- Permanent Employee
- LTE (Limited Term Employee)
- Student
- Volunteer

Name ( <i>print</i> ) _____		
(Last)	(First)	(MI)
Driver's License Number: _____	State: ** _____	
Organization: _____	Yrs. of Driving Experience: ____	

(\*\* Individuals holding out-of-state or non-USA driver's licenses and individuals having a Wisconsin driver's license less than three (3) years, due to previously being licensed in another state/country, must also complete a **Notarized Statement of Driving Record.**)

## VEHICLE USE AGREEMENT

I acknowledge that I have read and understand the applicable sections of the *State of Wisconsin Fleet Driver and Management Policies and Procedures* manual ([www.uwp.edu](http://www.uwp.edu), keyword: fleet management).

As a condition of my requesting and accepting driving privileges, I agree to a check of my driving record. I also understand that employee driving records will be checked annually and that student, volunteer, and some Limited Term Employee driver authorizations expire on June 30<sup>th</sup> of each year.

I agree to immediately inform my supervisor and University Risk Management of any changes or updates in my driving record and if my driver's license is restricted, suspended, or revoked for any reason. I understand that any negative change in the status of my driving record may result in the revocation of the privilege of driving a state-owned vehicle.

Driver's Signature	Phone	Date
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University Activities Department	Phone	Date
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Driver is not authorized until Health and Safety/Risk Management approval is indicated below.

<b>Risk Management Use Only:</b>	Approved: <input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature of Risk Manager	Date	Valid Through