

University of Wisconsin-Parkside Driver Authorization Form

Please Check One:

Permanent Employee _____ Student _____
Limited Term Employee _____ Volunteer _____

Name (Print) _____
Last First MI

Driver's License Number: _____ State* : _____

Department/Organization: _____ Years of Driving Experience _____

Individuals holding out-of-state or non-USA driver's licenses and individuals having a Wisconsin driver's license less than 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 a copy of the pool and functional pool sections of the ["State of Wisconsin Fleet Policies and Procedures"](#) booklet and understand them.

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 30th of each year.

I agree to inform my supervisor and University Risk Management immediately 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.

NOTE: Individuals wishing to obtain 15 passenger van driver authorization must be at least 25 years of age.

Driver Signature Phone number Date

Director or Dean of Authorizing Department Phone number Date

Driver is not authorized until Health and Safety/Risk Management approval is indicated below.

Risk Management Use Only Approved Yes No

Signature of Risk Manager Date Valid through