

**DRIVER APPLICATION FORM**  
(PLEASE PRINT OR TYPE)

**Section 1**

To be completed by the department head/supervisor:

I request authorization for \_\_\_\_\_ to operate UT vehicles in the performance of his/her duties for the department of \_\_\_\_\_. List all states in which UT vehicle will be operated by this driver \_\_\_\_\_.

Name of Department Head \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

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**Section 2 (complete this section or the alternative section below)**

To be completed by the driver:

My driver's license number is \_\_\_\_\_ issued by the state of \_\_\_\_\_ which expires on \_\_\_\_\_.

My date of birth is \_\_\_\_\_ and my social security number is \_\_\_\_\_.

I authorize UT to verify my Motor Vehicle Record as a vehicle operator for The University of Toledo. I also authorize UT to verify my status and record yearly. I agree that, if approved as a driver, I will notify my department head/supervisor of any change in my ability to drive safely or in my legally granted driving privileges. I understand the above and give my approval to have my driving status and motor vehicle record checked.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Address on License \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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**Section 2 - Alternative (complete this section if you do not want to provide your social security number)**

To be completed by the driver:

Because social security numbers are necessary for UT to obtain a Motor Vehicle Record report and UT cannot obtain the report without the social security number, I will obtain that report myself and provide the original report (or certified copy) to the UT Risk Manager. UT will only reimburse me for obtaining this report at the current cost that UT would have paid if it did the report through their contracted consumer reporting agency. *I understand that this may be less than what I actually paid to obtain the report myself.* I also understand that I may be required to annually obtain an updated report. I agree that, if approved as a driver, I will notify my department head/supervisor of any change in my ability to drive safely or in my legally granted driving privileges.

My driver's license number is \_\_\_\_\_ issued by the state of \_\_\_\_\_ which expires on \_\_\_\_\_.

My date of birth is \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Address on License \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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**Section 3**

To be completed by the Office of Risk Management

This driver: SHOULD SHOULD NOT be authorized to operate UT vehicles.

Risk Management Signature \_\_\_\_\_ Date \_\_\_\_\_