

Providence College Driver Authorization Form

(Please submit this Form to the Office of General Counsel/Risk Management, Harkins 201.)

This Form should be completed by any person who may, for any reason, need to drive a College-owned vehicle, or a vehicle leased or rented on a College Credit Card or paid for with College funds. Please carefully read this Form and provide the following information along with a **copy of your driver's license**.

_____ Status: Staff/Admin. Faculty Student
Print: First Name, Middle Initial, Last Name Graduate Assistant StudentEmployee

Soc. Sec. No.: _____ (Required for this process; the number will be kept confidential.)

Description of College business for which this request is made: _____

Dates of Departure & Return: _____ (if applicable)

Check all that apply: College-owned Vehicle Rented or Leased Vehicle

If the applicant will be driving over the course of a 12-month period, please check here:

Number of years driving experience: _____ Date of Birth: _____ Class Year _____

License Number: _____ License issued by the State of: _____

Excluding parking tickets, list any and all driving violations and describe any accidents in which you have been involved within the past five (5) years. If none, please write "None." Use reverse side if necessary.

I understand that the College will check my driving record in order to process this application, and that my driving record may be checked in the future in order to update this authorization. I agree to inform my supervisor in the event of a material change to my driver's license (e.g., if my name changes due to marriage). I understand that I have an ongoing duty to report. I agree to immediately inform my supervisor and the Office of General Counsel of a change in the status of my driving record (e.g., license revocation, suspension, or restriction) or of a serious citation (e.g., vehicular collision, citation for speeding or driving under the influence of alcohol or drugs). I understand that any material change in the status of my driving record may result in the revocation of the authorization to drive a College-owned vehicle or to drive on College-related business, and that a revocation may have a negative impact on my ability to perform the necessary duties of my job. I understand that I must be 21 years of age or older to rent or lease a vehicle and/or to drive any 9- to 12-passenger vehicle. Under certain circumstances and with the prior approval of College Counsel, I understand that I may be authorized to drive certain College vehicles if I am between the ages of 18 and 21. I agree that authorization to drive will not be provided unless I sign and submit the Driver Agreement and Regulations Form. I also understand that I must successfully complete the College's Online Drivers Education Course within 30 days of submitting this form. Failure to complete the course or failure to pass the course will result in denial of College driving privileges.

Applicant Signature: _____ Supervisor Name: _____
Department/Student Org.: _____ Supervisor Signature: _____

Office of General Counsel/Risk Management Use

Rev.: 10/31/14

Reviewed by: _____ Date: _____

Approved Denied Comments: _____