## **COLGATE UNIVERSITY**

## **Driver Authorization Request Form**

## **REQUIREMENTS & INSTRUCTIONS**

The Colgate University Driver Safety and Motor Vehicle Use Policy (available at www.colgate.edu/EHS) provides employee and student requirements for safe operation of Colgate University owned, leased, or rented motor vehicles. All authorized drivers must be at least eighteen years old and actively licensed to drive in any of the United States or the District of Columbia, and such license must have been valid for a minimum of one year. New hires may have their motor vehicle record included in a pre-hire background check and should complete this form at Human Resources on their first day of work. Third parties (i.e., non-employees and non-students) must formally register as a volunteer through Human Resources prior to requesting driver authorization.

STUDENTS	Submit to <b>Campus Safety at 8</b> ☐ This completed form, incl ☐ Photocopy of valid 'Gate	luding signature from supervisor or their authorized designee	
		ver's license (must have been valid for a minimum of one year)	
EMPLOYEES	IPLOYEES Submit to EHS at 123 Ho Science Center or through Campus Mail:  ☐ This completed form, including signature from supervisor or their authorized designee ☐ Photocopy of current driver's license (must have been valid for a minimum of one year)		
You will receive n	notification when you are authorized to	operate a university owned, leased, or rented motor vehicle.	
APPLICANT	INFORMATION		
Name:		Phone:	
Email:		ID/Gate Card #:	
Department:			
Job Title:		License valid for over one year? ☐ Yes ☐ No	
☐ Str	udent - Class Year:		
CERTIFICAT	ΓΊΟΝ		
Vehicle Use Postate department university's disconnector vehicles or revoked for Falsification of	olicy. I authorize the university to nt of motor vehicles at the time I cretion as long as I continue to s i. I agree to notify Environmental any reason, and otherwise as req f information or failure to comple	to comply with the Colgate University Driver Safety and Motor o obtain on my behalf a copy of my motor vehicle record from my I submit this Driver Authorization Request Form and at the eek authorization to operate university owned, leased, or rented I Health and Safety immediately if my driver's license is surrendered quired by the Driver Safety and Motor Vehicle Use Policy. I with the Colgate University Driver Safety and Motor Vehicle Use as permanent revocation of driver authorization.	
Applicant Signat	ture	Date	
Department Aut	thorization Signature	Date	