



Driver Approval Request Form

All employees required to operate University owned, leased, or rented vehicles must be an approved driver. Approved drivers must be **18 years of age and have held a valid U.S. driver's license for at least 2 years**. In order to be approved, complete the form (**type in information**), sign and date the form, and attach a copy of the front side of your driver's license. Your department head must also sign and date the form to validate the driving requirement. Please return the completed form to the Office of Environmental Health, Safety & Risk Management and allow 5 days for processing. A scanned form and copy of your driver's license in pdf format may be submitted via email.

Select your classification: (*Check one*)

- Student Employee
- Faculty/Staff
- Temporary Employee
- Prospective Employee

Name (*Last, First, MI*) _____ Campus ID _____

Driver's License # _____ State _____ DOB _____ Age _____

Email _____ Department _____

All employees must complete the appropriate safety training before operating carts or vans.

- Will you operate a campus cart? Yes No (*Check one*)
- Will you operate a 12-passenger van? Yes * No (*Check one*)
- Will you operate a 15-passenger van? Yes ** No (*Check one*)

* 12-passenger van operators must be 20 years of age and have held a valid U.S. driver's license for at least 2 years.
** 15-passenger van operators must be 25 years of age and have held a valid U.S. driver's license for at least 2 years.

I am aware that a driver's license record check may be obtained as part of my application for hire or continued employment with Angelo State University. The records may be procured by ASU or its insurance company representative(s) and may include personal information obtained from the appropriate state driver licensing agency and/or my driving record. The information will be used to make an assessment of my qualifications as an approved driver.

By signing this form, I hereby authorize ASU or their insurance company representative(s) to procure information and reports, as well as additional reports, as deemed appropriate, to evaluate my continued driver status.

Driver Applicant Signature

Date

Department Head Signature

Date