Driver Approval Request Form

All employees needing to operate University owned, leased, or rented vehicles must be an approved driver. In order to be approved, complete the form ***(type in information)***, sign and date the form, and attach a photocopy 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 and Risk Management and allow one week for processing.

Select your classification: *(Check one)*

☐ Student Employee ☐ Faculty/Staff

☐ Temporary/Casual Employee ☐ Prospective Employee

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

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

Email _____ Department _____

ALL employees must complete safety training before operating carts or vans.

Will you operate a campus cart? ☐ Yes * ☐ No *(Check one)*

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

* Approved drivers must be 18 years of age and have held a valid U.S. driver's license for at least 2 years.

* Van operators must be 20 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

Environmental Health, Safety & Risk Management Use only

Date Request Received: _____ ☐ Approved

Date Request Processed: _____ ☐ Disapproved