



Approved Driver Deletion Form

Department Name: _____

Departmental Contact: _____ Phone #: _____

	Last Name	First Name	Effective Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

(Please use a separate form if additional drivers need to be deleted.)

Authorized Signature: _____ Date: _____

Return this form to the Office of Environmental Health, Safety and Risk Management.

EHSRM Office Use Only	
Date Form Received: _____	<input type="checkbox"/> Deleted