

**UNIVERSITY OF DAYTON**  
**Audit, Risk & Compliance**  
300 College Park Dayton, Ohio 45469-1642  
(937) 229 4502

**DRIVER CERTIFICATION FORM**

UD Identification No: \_\_\_\_\_

Your Name: \_\_\_\_\_  
(as it appears on your Driver's License—first name, middle initial, last name)

Date of Birth: \_\_\_\_\_

Phone (UD preferably): \_\_\_\_\_

Email Address (UD preferably): \_\_\_\_\_

Affiliation: (check one) Staff  Faculty  Student  Other (specify) \_\_\_\_\_

Department/Organization you will be driving for: \_\_\_\_\_

(Full) Name of your Supervisor or  
Event Leader you will be driving for: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State (where license was issued): \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Is it in your job description to drive regularly? (check one) Yes  No

Have you been personally assigned a UD vehicle exclusively for your use? (check one) Yes  No

**STATEMENT OF AGREEMENT**

In order to determine your insurability and certification, the University of Dayton will require your consent to review your motor vehicle record to ascertain if you have received any violations, accidents or notices of high-risk driving.

I give my permission for the University of Dayton to check my driver's license status, as needed, with the Bureau of Motor Vehicles.

I have read and understand the Vehicle Use and Driver Training Policy (included as part of the Driver Certification Session).

Signature: \_\_\_\_\_  
*(Print form, sign and complete.)* *Date*

Please fold, tape or staple this form closed and address it to: Audit, Risk & Compliance +1642.  
Then mail the form from the UD Post Office or place it in any administrative office outgoing campus mailbox.