

UNIVERSITY OF DAYTON
DEPARTMENT OF FACILITIES MANAGEMENT
Environmental Health & Safety / Risk Management
Raymond L. Fitz Hall, First Floor
(937) 229 4503

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 of Driver Your Certification Session: _____

Please fold, tape or staple the form close and address it to Facilities Management EHS/RM +2904.
Mail the form from the UD Post Office or place it in any administrative office outgoing campus mailbox.