

**UNIVERSITY OF DAYTON
FACILITIES MANAGEMENT
ENVIRONMENTAL HEALTH & SAFETY / RISK MANAGEMENT**

REGISTRATION FORM

Name as it appears on license (first, middle, last): _____

Date of Birth: _____

E-mail Address: _____

Phone: _____

Affiliation (circle one): Student Employee Other: _____

Department for which you will be driving: _____

Driver's License Number: _____

State (where license was issued): _____

License Expiration Date: _____

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

Do you drive a personally-assigned UD vehicle (circle one): Yes No

STATEMENT OF AGREEMENT FORM

In order to determine your insurability and certification, the University of Dayton will perform a motor vehicle record check to determine if you have received any violations, accidents or notices of high risk driving over the past three years. I give my permission for the University of Dayton to check my driver's license status with the Bureau of Motor Vehicles as needed.

(signature)

(print name)

(date of driver's training session)

Please fold the signed page and simply tape or staple it closed and address it to Facilities Management EHS/RM +2904. For those of you not familiar with campus mail, it can be mailed from the UD post office or placed in any administrative office outgoing mailbox on campus.
