ROGER WILLIAMS UNIVERSITY
MOTOR VEHICLE USE POLICY – DRIVER AUTHORIZATION FORM

BY SIGNING BELOW THE APPLICANT HEREBY CERTIFIES TO THE FOLLOWING:

- I affirm that I have read, understand, and agree to comply with the Motor Vehicle Use Policy ("Policy").
- I authorize the University to obtain on my behalf a copy of my motor vehicle record from my state department of motor vehicles at the time I submit this Driver Authorization Form and at the University's discretion as long as I continue to operate University owned, leased, or rented motor vehicles or personal vehicles for University business. This authorization will cease upon my no longer being a University employee or student.
- I agree to notify the Department of Environmental Health & Safety immediately if my driver's license is surrendered, suspended, or revoked for any reason and of any at-fault accident or violation that places me outside of the requirements of the Policy.
- I understand and acknowledge that any falsification of information or failure to comply with the regulations of the Policy may result in sanctions including, but not limited to, termination of employment for employees and suspension or expulsion for students.

INSTRUCTIONS

- Complete the relevant sections of this form and obtain the signature of your department head.
- Attach a copy of your driver's license and, if applicable, a copy of your Rhode Island Commercial Driver's License.
- Students must attach the certificate indicating that they have completed the mandatory driver training course.
- Return the completed form to the Department of Public Safety.
- Your department will notify you once you are authorized. You may not operate University owned, leased, or rented motor vehicles or personal vehicles for University business until you receive such authorization from your department.

APPLICANT INFORMATION

Name: _____ D.O.B: _____

Email: _____ Phone: _____

What department are you seeking to obtain authorization to drive for? _____

EMPLOYEE INFORMATION **RENEWAL DATE: (admin only: 2 years)** _____

Dept.: _____ Job Title: _____

Full-time / Part-time: _____

STUDENT INFORMATION **RENEWAL DATE: (admin only: 1 year)** _____

Class Year: Sophomore Junior Senior Graduate Law Full-time / Part-time:

AUTHORIZED TO DRIVE (Admin only): Own vehicle for University Business Rental 2- 8 Passenger 9-12 Passenger CDL

_____ _____

Applicant Signature Date

_____ _____

Department Head Signature Date

_____ _____

Department Head Printed Name GL # for Motor Vehicle Record Fee