Driver Authorization &Vehicle Use Agreement

Safety & Risk Management Services – UW-Stout

Clear Form

Fill out, sign and return to Safety & Risk Management Office, University Services, room 130.

Drivers Name ☐ Faculty/Staff/Classified ☐ Student/Volunteer

Birth Date:

Drivers License #: _____ State of: _____(Out of State or holding Wisconsin License less than 3 years must complete the bottom portion and have it notarized.)

Drivers License is: ☐ Temporary ☐ Probationary ☐ Regular

List any violations and/or accidents, which have occurred in the past three years. If there are none, so state.

_____

A signature below signifies that all the above information is correct and I have received, read and understand my copy of the Fleet Policies and Procedures Booklet which have been given. I have a valid & current drivers license.

Signature of Driver:	Business Phone:	Date
Department Requesting Driver	Building/Room	

**** Insurance Information for Privately Owned Vehicles:**

Name & Address of Agent_____Agent's telephone #: _____

Policy Insurance Limits on vehicle are:

Bodily injury per individual $_____ Bodily injury per occurrence $_____

Property Damage $_____ Medical Payment $_____

Changes in Insurance Information Must be Reported to Safety & Risk Management Services

If you hold an out-of-state license, you must complete this portion

This is to certify that I _____ presently hold a valid driver's license from the state/country of _____and that the accidents and violations listed above.

_____ _____

(Date) (Signature)

Subscribed and sworn to before me this ___ _____day of _____, 20_____

My commission expires _____ (SEAL)

_____

(Notary Signature)

Risk Management Office Use Only

Signature of Risk Management Office (indicates approval)	Date: