

## EMPLOYEE/ GRADUATE STUDENT DRIVER APPLICATION FORM **CONFIDENTIAL**

This form must be completed by all Dartmouth faculty and employees wishing to obtain approved driver Status to drive any vehicle (College-owned, leased or rented) while on College business.

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department.

			Department:		
Employee ID#	Date of Hire: / /	Hinmar			
Legal Residence:					
City		State	Zip		
Date of Birth: / /	-				
License #:	State Issued:	_ License Exp	piration Date:		
	24 months, have you been charg ar accidents while driving any mo	•			
<u>Date</u>	<u>City/State</u>	<u>Des</u>	<u>Description</u>		
Has your license ever been (If yes, describe below):  Date	revoked or suspended in any sta City/State		no cription		
	n provided herein is correct. I ure for falsification of the information of the informati				
	tmouth College will check my dring record will be considered CON				
	is application (via HB 6172) to th the Dartmouth Driver Safety and				
Applicant Signature:			Date:		
I agree to allow TS to retain (Initial)	a photocopy of my drivers' licens	se as part of th	ne driver approval process		
Departmental Approval (Plea	ase Print):				
Department Approval Signat		Hinman Box:			
Department Approval Chart	String:				
Please note employee and	student approved driver motor ve	hicle records	are routinely checked		

under policy. Fees for initial and recurring record checks will be charged to the requesting