

# Dartmouth

Transportation Services | '53 Common  
6 Massachusetts Row, Hanover, NH 03755

## **STUDENT DRIVER APPLICATION FORM** **CONFIDENTIAL**

This form must be completed by all Dartmouth students requesting to drive any vehicle (College-owned, leased, rented or personal) on an official College-sponsored activity. A copy must be kept on file by the appropriate College individual (faculty administrator/director, etc.) with the **original** forwarded to the Transportation Services (Hinman Box 6172).

**NOTE: First Year Students are restricted to driving only within a 100-mile radius of Hanover and only for those departments that have requested that they be approved for their specific program in writing to TS.**

**Please Print**

Student's Full Name: \_\_\_\_\_ DARTMOUTH Class Year: \_\_\_\_\_

DID/Net ID#: \_\_\_\_\_ Hinman Box: \_\_\_\_\_ Department/Organization authorization: \_\_\_\_\_

Applicant's full name as it appears on driver's license (please attach a photocopy):  
\_\_\_\_\_

Legal Residence (Home Address): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

License#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Current License Expiration Date: \_\_\_\_\_ Issue Date of First License: \_\_\_\_\_

Approximate number of miles driven approximately (excludemotorcycle):

Car \_\_\_\_\_ mi/yr Van \_\_\_\_\_ mi/yr

Other (Type) \_\_\_\_\_ mi/yr

At any time during the past 24 months, have you plead Nolo Contendere or been convicted of any moving traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, describe all incidents below):

Date

City/State

Description

Have you ever been involved in a motor vehicle accident(s) while driving any motor vehicle that resulted in injury or in damages over \$2,000? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, describe all incidents below):

Date

City/State

Description

At any time during the past 36 months, have you plead Nolo Contendere or been convicted of DUI of Drugs or Alcohol, Reckless Operation or Leaving the Scene of an Accident? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, describe all incidents below):

Date

City/State

Description

Has your license ever been revoked or suspended in any state? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, describe all incidents below):

Date

City/State

Description

**DO NOT WRITE  
IN THIS SPACE**

Dean's Approval \_\_\_\_\_ MVR Obtained \_\_\_\_\_

Access Code \_\_\_\_\_ Date Assigned \_\_\_\_\_

**(Continued on Reverse Side)**

**PLEASE READ THE FOLLOWING AND INITIAL TO INDICATE ACCEPTANCE**

- 1. \_\_\_\_ I certify the accuracy of all information provided and I have read and agree to comply with the Dartmouth Student Driver Policy and the Driver Safety and Motor Vehicle Policy. I understand that false statements or misleading omissions may be grounds for College disciplinary action.
- 2. \_\_\_\_ I further understand that Dartmouth may check my driving records with any state motor vehicle authority for the purpose of administering its driving policies. Such driving inquiries will be considered confidential and treated as such.
- 3. \_\_\_\_ I agree to allow TS to maintain a photocopy of my drivers' license as part of the driver approval process.
- 4. \_\_\_\_ I am aware that the Office of the Dean of the College will be asked to provide information to P&TS concerning the disciplinary record and other information relevant to my judgment and ability to drive safely. Information that may be shared will include College sanctions for intoxication at the level of College discipline or higher.
- 5. \_\_\_\_ I acknowledge that being fatigued while driving can be the cause of serious accidents and injuries to myself and others, and pledge not to overextend my time behind the wheel.
- 6. \_\_\_\_ I understand that, when traveling over 150 miles from Hanover, I must either (1) stay overnight before or after the event/activity or (2) name an additional, non-participating approved driver designated for the driving responsibilities.
- 7. \_\_\_\_ I acknowledge the dangers of driving under the influence of drugs (including alcohol) and agree not to engage in such behavior. Furthermore, I understand that my name may be removed from the approved drivers list if I have been sanctioned for any vehicular incidents involving alcohol or drugs, or otherwise fail to qualify as an approved driver (see Driver Approval Policy).
- 8. \_\_\_\_ I understand that any privately-owned vehicle used in transporting students to and/or from College sponsored events must first be approved for College use through the filing of an acceptable "Owner's Approval" form authorizing the use of a personal vehicle for a Dartmouth sponsored activity. I understand that I may not use a privately-owned vehicle in transporting students to and/or from College sponsored events unless that vehicle has been approved for College use. Furthermore, I understand that I cannot use a privately-owned car in connection with College sponsored activities *without specific written approval of the owner*.
- 9. \_\_\_\_ I understand that all travel to official College events must receive prior written approval from the appropriate College officer.
- 10. \_\_\_\_ In addition to the above, I acknowledge the personal responsibility of transporting other Dartmouth students and will not endanger their safety by taking any risks while driving.
- 11. \_\_\_\_ I understand that approval as a student driver is a privilege rather than a right and my name can be removed from the approved drivers list for causes deemed appropriate by Dartmouth.
- 12. \_\_\_\_ I understand that First Year students are restricted to driving only within a 100-mile radius of campus and that written requests from every College-sponsored department/program requiring them to drive must be on file with TS.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, understand that there may be financial consequences to our department for failure to comply with the above as set forth in Dartmouth's Driver Policy and Student Driver Policy.

Departmental Approval (please print): \_\_\_\_\_ Dept: \_\_\_\_\_

Department Head/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chart String: \_\_\_\_\_

Please note student approved driver motor vehicle records are checked every two years. Fees for initial and recurring record checks will be charged to the requesting department.