

# Dartmouth

Transportation Services | McKenzie Hall  
6 Vox Lane, Hanover, NH 03755

## 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.

### Please Print

Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee ID# \_\_\_\_\_ Date of Hire: \_\_\_ / \_\_\_ / \_\_\_ Hinman Box: \_\_\_\_\_

Legal Residence: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

At any time during the past 24 months, have you been charged with any moving traffic violations or been involved in an motor vehicular accidents while driving any motor vehicle? Yes \_\_\_ No \_\_\_

(If yes, describe below):

<u>Date</u>	<u>City/State</u>	<u>Description</u>
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Has your license ever been revoked or suspended in any state? Yes \_\_\_ no \_\_\_

(If yes, describe below):

<u>Date</u>	<u>City/State</u>	<u>Description</u>
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**I certify that all information provided herein is correct. I understand that my driving privileges may be revoked for falsification of the information provided here.**

I further understand that Dartmouth College will check my driving record with the appropriate state motor vehicle authority. Such driving record will be considered CONFIDENTIAL and treated as such.

By signing and submitting this application (via HB 6111) to the Transportation Services (TS), I agree to comply with the Dartmouth Driver Safety and Motor Vehicle Policy.

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

I agree to allow TS to retain a photocopy of my drivers' license as part of the driver approval process  
\_\_\_\_\_ (Initial)

Departmental Approval (Please Print): \_\_\_\_\_

Department Approval Signature: \_\_\_\_\_ Hinman Box: \_\_\_\_\_

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