Dartmouth
Transportation Services | North Mass
14 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 of this must be kept on file by the appropriate College individual (faculty, administrator/director, etc.) forward to Transportation Services (Hinman Box 6155).

Review of Student Driver Policy HERE.

NOTE: First Year Students are restricted to driving only within a 150-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: _____

Legal Residence (Home Address): _____

City:_____ State:_____ Zip:_____ Date of Birth: _____

License# :_____ State Issued: _____

Current License Expiration Date:_____ Issue Date of First License: _____

>Please attach/send a copy of your driver's license.

Will you drive large passenger vans (12-person+), micro buses, or tow trailers? Yes_____ No _____

Approximate number of miles driven each year since licensure (exclude motorcycle):
Car:_____mi/yr Van:_____mi/yr Other (Type):_____mi/yr

At any time during the past 24 months, have you pleaded Nolo Contender or been convicted of any motor vehicle violation(s) or been involved in a motor vehicle accident(s) while driving any motor vehicle? Yes ____No ____ (If yes, describe all incidents below, including dates, description of violations and/or accidents including the cities & states where they happened):

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, including dates, description of incidents & the cities & states where they happened):

Has your license ever been revoked or suspended in any state? Yes No (If yes, describe all incidents including dates, description of violation and/or accidents including the cities & states where this happened):

(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 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 all travel to official College events must receive prior written approval from the appropriate College officer.
9. _____ I understand that I must report any traffic violations (pullovers, accidents) to the Department driving for.
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 150-mile radius of campus and that written requests from every College-sponsored department/program requiring them to drive must be on file with TS.

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.

Signature of Applicant:_____ Date:_____

Departmental Approval *(please print):*_____ Dept:_____

Department Head/Manager Signature:_____ Date:_____

Department Chart String:_____

Passenger Vans, Micro Bus, or Towing, Trailering: Yes_____ No _____

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.

Version Date: 10.6.2025