

University Driver Request Form

The applicant and unit administrator must complete and sign this form before the applicant can be considered an approved driver. The completed form is to be delivered to Risk Management, located at 7400 University Hills Blvd, Founders Hall, room 135G, Dallas, TX 75241 or emailed to AskRiskManagement@untdallas.edu (use "Driver Request [applicant's name]" in the subject line). Out of state drivers must attach their MVR from the state that they are licensed to drive with this form. For questions, please call 972-338-1829.

Forms take 3-5 business days to process.

AN INCOMPLETE FORM WILL DELAY PROCESSING.

Type of Action Requested	Employed at UNTD?
<input type="checkbox"/> Add Driver <input type="checkbox"/> Delete Driver <input type="checkbox"/> Modify Driver	<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee (commercial rentals, mobile equipment, golf carts only)

Completed by Applicant

EmplID (8 #)/Student ID (if applicable)	First	MI	Last
Home Address			
City		State	Zip
Primary Phone #	Date of Birth	Driver License #	DL State of Issue
Driver License Class (select all that apply)			Email
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> M
<input type="checkbox"/> CDL	<input type="checkbox"/> Other		

Completed by Unit Administrator

Department	Phone #	Employee's job require a Commercial Driver's License?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Unit Administrator (Print Name)	Signature	Date
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Acknowledgement and Release

I certify the information represented on this form is true and correct. I understand this information may be used by the University's automobile insurer or Risk Management to access, review, and evaluate my driving history provided by the Department of Public Safety for the express purpose of granting, revoking or reviewing driving privileges as an approved driver of the University.

I understand that failure to follow all applicable rules, regulations and policies may result in revocation of my driving privileges of UNT vehicles or disciplinary action(s).

By signing and dating this document, I acknowledge the following:

1. I have read and understand the Operation of University Vehicles Policy (15.008) and Operation of University Vehicles Procedure that can be found at policy.untd.edu.
2. The State vehicle I drive or the vehicle I rent is to be used exclusively for state business in the course and scope of what is reasonably required during the exercise of that business.
3. State property is not to be used in conjunction with personal business.
4. I know when and how to complete a vehicle incident report.

Applicant (Print Name)	Signature	Date
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