

ELON UNIVERSITY
Driver Application Form

(This form will not be accepted unless filled out completely)

Name: _____
full name as shown on driver's license

Department: _____
(if you are a student please indicate the department(s) for which you'll be driving)

Circle one: staff faculty freshman sophomore junior senior

If you are a student please indicate year you expect to graduate _____

Driver license information:

State: _____

License number: _____

Expiration date: _____

Date of birth: _____ (You must be at least 19 years old and not a freshman to operate a university vehicle.)

Years of driving experience: _____ (You must have had at least 3 years of driving experience)

Traffic violations within the last 5 years (if speeding ticket(s) then you need to list how many tickets, how fast you were cited and the posted speed limit and the dates; if violation involved an accident please indicate if you were at fault or not at fault, type of accident and dates). If you have no violations please indicate "none": _____

If you receive a traffic violation after signing this form please contact the Business, Finance and Technology Office (278-5428). Failure to do so could result in removal from the drivers list entirely.

Restrictions: (i.e. corrective lenses, daytime driving only) _____
If you don't have any restrictions please indicate "none".

In the event of an accident it is extremely important to contact the local police and obtain a copy of the accident report to submit to the University for insurance purposes. This should be done regardless of the severity of the damage. It is the responsibility of the driver (or the driver's division) to cover any insurance deductible. In most cases the deductible is \$500.

I have read and understand the policies and procedures for using a university vehicle. I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing information and/or answers and that all answers are true and correct to the best of my knowledge. I understand that my driving record is subject to review by the Department of Motor Vehicle Records in the state where my license was issued.

Sign name: _____

Date: _____

A copy of your driver license must be attached to this form.

Reviewed by: _____ Date: _____

Elon _____ Insurance _____