

LYNCHBURG COLLEGE
Initial Driver Authorization Form
2007-08

All College personnel (students, faculty and staff) who wish to be authorized to drive College vehicles (including College vans) for College business must complete and submit this initial form to the Business Office. Please be sure all signatures are completed before forwarding to the Business Office. In subsequent years, to be re-authorized you will need to review, sign and return a preprinted Re-authorization Form, which will be sent to you through campus mail.

***VAN DRIVERS:** To be authorized to drive a College van, a one-time safety training class through Campus Safety and Security must be completed. Please contact Safety and Security at Ext. 8452 to schedule this training.

**VAN refers to 15-passenger vans only (excludes mini-vans).*

TYPE OF AUTHORIZATION REQUESTED: (A) College vehicle (excluding van) (B) College vehicle (including van)

If you select option (B), please indicate your experience driving a 15-passenger van:

Drive on a regular basis Limited experience None (If none, please schedule a time for on-the-road training.)

Name _____ Date _____

Permanent Address _____

Social Security # _____ Phone # _____

Department _____ Date of Birth _____

Position: Student Faculty Staff Do you have a valid driver's license: Yes No

Driver's License # _____ State _____ Expiration Date _____

Frequency of using College vehicle/College van:

Frequently (weekly) Regularly (monthly) Infrequently (less than 12 times per year)

List any motor vehicle violations in the past three years and indicate the date of the violation (if none, so state):

Reason for driving a College vehicle/College van: _____

By my signature I signify that all motor vehicle violations during the past three years have been listed. I have read and understand the College's Guidelines for Driving College Vehicles (www.lynchburg.edu/admin/campus/phyplt/safety/vehguide.htm) and agree to abide by them. (For a paper copy, call the Business Office.) As an authorized driver, it is my responsibility to always personally wear a seat belt and to be sure that all passengers riding in the same vehicle are also wearing seat belts. If my driver's license is revoked or suspended, I will notify my supervisor immediately. In addition, I authorize the College's insurance company to obtain a report on my driving record from the Department of Motor Vehicles.

1. Driver _____ Date _____
Signature

As Supervisor and/or Department Chair, I have approved for this individual to drive a College vehicle/College van, and to the best of my knowledge, he or she does not have a negative driving record and does not appear to be a careless driver.

2. Supervisor _____ Date _____
Signature

3. Department Chair _____ Date _____
Signature

As President, Dean or Vice President, I concur with the Department Chair that there is sufficient reason for this individual to drive, and he or she does not have a negative driving history to the best of my knowledge.

4. President/Dean/Vice President _____ Date _____
Signature

** CAMPUS SAFETY AND SECURITY USE **	** BUSINESS OFFICE USE **
Training completed _____ <div style="text-align: right; margin-right: 100px;"><i>Signature of Training Instructor</i></div> Date _____ Approval Code: <input type="checkbox"/> V <input type="checkbox"/> G <input type="checkbox"/> N	Approval recorded by _____ Date _____