

Messiah College
Application for Approved Driver Status

*******Applicant Information - Please Print*******

Name (Last, First): _____, _____ College ID#: _____

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Home Address: _____ City: _____

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State: _____ Zip Code: _____ Home Phone #: (_____) _____ - _____

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Date of Birth (month/day/year): ____/____/____

Driver's License Info: State _____, # _____ Expires (date): _____

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Student: YES or NO _____ Other (ie. Grantham Church): _____

Class: [] 1st Yr. [] 2nd Yr. [] 3rd Yr. [] 4th Yr.

Are you currently a work-study?

[] No [] Yes - Department: _____, Supervisor: _____

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College Address (Building, Room #): _____, _____

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College Phone Ext. #: _____ College Mailbox #: _____

*******Driver's License Information*******

State _____ DL# _____ Expires (date): _____

*******Approval Type*******

Requesting New Approval:

- [] College Fleet Cars and Mini Vans only
 - [] College Fleet 15 Passenger Vans (Van Test Required), includes Cars & Mini Vans
 - [] Tow Test for any Trailer used in conjunction with a 15 Passenger Van. Requires the completion of a 15 Passenger Van Test prior to taking the Tow Test
 - [] Department specifically assigned vehicles:
Cars, Mini Vans, Large Vans, Service Vehicles, Trucks, and other unspecified motorized licensed vehicles or equipment.
- *Note: A Vehicle Safety Operation Test may be required for various specified vehicles.

**Requesting Renewal:
(Required Annually)**

- [] College Fleet Cars and Mini Vans only
- [] College Fleet 15 Passenger Vans, including Cars & Mini Vans
- [] Tow Test for Trailers
- [] Department specifically assigned vehicles:
Cars, Mini Vans, Large Vans, Service Vehicles, Trucks, and other unspecified motorized licensed vehicles or equipment.

*******Applicant Driver History*******

Note - Please list all relevant motor vehicle record information on this application.

Have you had any citable traffic offenses (moving/speeding) or accidents during the past **three** years?

[] No:

[] **If Yes (Required info): Provide detailed dates, explanations and documentation which explains the disposition of these offenses. Use reverse side, if necessary.**

*******Administrator/Faculty/Staff Authorization*******

I attest to the fact that the applicant named above will be required to drive college fleet vehicles as a part of official institutional or organizational activities. Please list: _____

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Printed Name: _____ Signature: _____

Dept: _____ Date: _____

****Driver's License****

[] Copy of Driver's License received and attached(date, initials): _____, _____