

Messiah University
Application for Approved Driver Status
All requested information is required
RETURN THIS TO UNIVERSITY RECEPTIONIST

Name _____, _____	
Last	First
Permanent Address _____	
(Home)	
City _____	State _____ ZIP _____
Home Phone _____	Cell Phone _____
Include area code	Include area code
Residence/Office Building _____	Room # _____
Messiah Email _____	
University ID# _____	Proof of Personal Auto Insurance Attached <input type="checkbox"/> YES <input type="checkbox"/> NO
<small>(Application will not be processed until proof of auto insurance is provided)</small>	
Are there any restrictions imposed upon you by your personal auto insurance that would prohibit you from driving a Messiah University vehicle, including but not limited to a 15-passenger van: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain: _____	

REQUESTING APPROVAL TO DRIVE

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> New Driver | <input type="checkbox"/> Passenger / Mini Van / Pick-up - new or renewal |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> 15- Passenger Van / Truck – RENEWAL ONLY |
| | <input type="checkbox"/> 15-Passenger Van – NEW DRIVER, TESTING REQUIRED |
| | <input type="checkbox"/> Truck – NEW DRIVER. TESTING REQUIRED |

APPLICANT DRIVING HISTORY

Driver License Information:

State _____ DL# _____ Expiration ____ / ____ / ____

Have you had any citable traffic violations (moving/speeding), accidents, or major violations during the past three (3) years? (e.g. DUI, DWI, License Suspension, Speeding > 21 mph over limit, possession of drugs, other) If yes, please explain.

- ☐ No
☐ Yes

MVR Request Form attached: ☐ YES ☐ NO
(Application will not be processed until MVR Form is Completed)

My signature indicates that I have read, understand, and agree to abide by the Fleet Management Policy and Procedures, and that all information presented here is true and accurate. The Department of Safety maintains a list of qualified drivers and publishes it in FalconLink. Should you desire to have your name omitted from this list, you must make your request in writing to the Receptionist, dkirsch@messiah.edu.

Applicant Signature

Date: _____

Office Use: Approved ☐ Not Approved ☐ Reason: _____