

# UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER

## DRIVER REQUEST FORM

**Instructions:** The driver applicant and supervisor must complete and sign this form before the applicant will be considered for driving privileges owned and/or rented vehicles. *The University of North Texas Science Center Driver Safety Requirements* must be provided to the driver applicant for review and consideration when completing this form. All required information needs to be printed.  
*Deliver completed original form to the Facilities Management Office, 3416 Darcy - Phone: 817-735-2289*

**Action Requested:**  
 \_\_\_\_\_ **Add Driver**    \_\_\_\_\_ **Delete Driver**    \_\_\_\_\_ **Change Driver Information**    **Date:** \_\_\_\_\_

**Driver Information: (Please print all information)**

Name (as it appears on driver license): First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DL# \_\_\_\_\_ DL State of Issue: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

DL Class (circle) A B C M CDL Other: \_\_\_\_\_ UNTHSC Student? \_\_\_\_\_ No \_\_\_\_\_ Yes

Employee/ Student ID # \_\_\_\_\_

Personal Auto Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Release:** The information on this form is true and correct. I understand that this information may be used by the UNTHSC automobile liability insurer and/or Facilities Management Office to access, review and evaluate my driving history record from the Department of Public Safety for granting and/or revoking driving privileges as an employee and/or volunteer driver for UNTHSC or affiliated entities. I also acknowledge that I have read, understand, and agree to abide by the UNTHSC Driver Safety Requirements. I understand that failure to do so may result in revocation of my driving privileges of UNTHSC vehicles and/or disciplinary action. ***If I am found to be negligent in an accident involving a UNTHSC vehicle or one rented for UNTHSC business/activity, I understand and I and/or my personal auto insurance carrier may be held liable.***

\_\_\_\_\_  
**Signature of Driver Requesting Driving Privileges**      **Printed Name**      **Date**

**Driver Employment & UNTHSC Affiliation (This section must be completed and signed by Supervisor)**

UNTHSC allows employees, students or volunteers to drive UNTHSC vehicles as long as the driver has proper approval and agrees to comply with UNTHSC rules and regulations and all applicable laws. Please indicate the applicant status (employee, student or volunteer) and complete the necessary information:

**EMPLOYEE DRIVER:**

Department: \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Purpose/Need for driving privileges: \_\_\_\_\_

**STUDENT**       **VOLUNTEER DRIVER:**

UNTHSC Department/Club \_\_\_\_\_ Phone # \_\_\_\_\_

Drivers' Affiliation to UNTHSC Department/Club: \_\_\_\_\_

Purpose/Need for driving privileges: \_\_\_\_\_

***Is employee's, student or volunteer's job at UNTHSC contingent upon him/her maintaining an acceptable driving record for insurance and safety purposes? \_\_\_\_\_ Yes \_\_\_\_\_ No***  
***If employee, student or volunteer has a CDL license, will he/she be driving UNTHSC vehicles requiring a CDL? \_\_\_\_\_ No \_\_\_\_\_ Yes***

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Facilities Management Use Only – Driver Rating:**    \_\_\_\_\_ Superior    \_\_\_\_\_ Good    \_\_\_\_\_ Average    \_\_\_\_\_ Probationary    \_\_\_\_\_ Unacceptable