

Staff or Student

## Unity College Driver Authorization Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ DOH \_\_\_\_\_

Home Address \_\_\_\_\_ Local Phone # \_\_\_\_\_

Position \_\_\_\_\_

### Driver License Information:

State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type \_\_\_\_\_

Month and year that you were originally licensed (not the learners permit). Month \_\_\_\_ Year \_\_\_\_

Van training complete (dates): license check \_\_\_\_\_ classroom \_\_\_\_\_ practical \_\_\_\_\_

Do you have any driving experience with: Buses      Tractor      Trailer      Other  
If yes to any please explain: \_\_\_\_\_

Accident record for the past 3 years:

| Date  | Nature of Accident | Location | Injuries |
|-------|--------------------|----------|----------|
| _____ | _____              | _____    | _____    |
| _____ | _____              | _____    | _____    |
| _____ | _____              | _____    | _____    |

Traffic Convictions for the past 3 years:

| Date  | Location | Charge | Penalty |
|-------|----------|--------|---------|
| _____ | _____    | _____  | _____   |
| _____ | _____    | _____  | _____   |
| _____ | _____    | _____  | _____   |

Have you ever been denied a license, permit or the privilege to operate a motor vehicle?  
No      Yes      If yes, please explain: \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?  
No      Yes      If yes, please explain: \_\_\_\_\_

I hereby authorize Unity College to run a driving record inquiry on my license.

Signature

Date