

<p><b>1. Personal Information</b></p> <p>Name on Driver's License (First, Middle, Last): _____</p> <p>Age: _____ Date of Birth: ____ / ____ / _____</p> <p>Current Address: _____ _____</p> <p>E-mail: _____</p> <p>WP Status: <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Coach <input type="checkbox"/> Other _____</p>	<p><b>5. Driving Information</b></p> <p>Driver License Number: _____</p> <p>State: _____ <input type="checkbox"/> Commercial Driver's License <i>Out of state drivers must include a copy of their MVR with their application.</i></p> <p>Expires: ____ / ____ / _____</p> <p>Limitations/Restrictions: _____</p> <p>Number of years' experience as licensed driver: _____</p> <p><i>Drivers are expected to have a reasonable period of licensed, violation-free driving experience. Additional restrictions may apply to drivers under 21. If approved, restrictions will be noted on processed application.</i></p>												
<p><b>2. Reason for Requesting Driving Privileges</b></p>	<p><b>6. Driving Activity (tickets) in the previous 36 months and/or accidents</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Date</th> <th style="width:50%;">Activity</th> <th style="width:30%;">Disposition</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><input type="checkbox"/> Check and continue on back if necessary.</p>	Date	Activity	Disposition									
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<p><b>3. Driving Privileges Requested</b></p> <p><input type="checkbox"/> University vehicles: <input type="checkbox"/> off-campus <input type="checkbox"/> on-campus</p> <p><input type="checkbox"/> Rental vehicles: <input type="checkbox"/> with or <input type="checkbox"/> without passengers</p> <p><input type="checkbox"/> Personal vehicle for <input type="checkbox"/> business or <input type="checkbox"/> group travel</p> <p><input type="checkbox"/> Vans (12 passenger or more)</p>	<p><b>7. Personal Auto Information</b></p> <p>Make/Model _____ Year _____</p> <p>License # _____ State _____</p> <p>Insurance Co. _____</p> <p>Policy # _____</p> <p>Expiration date ____ / ____ / ____</p> <p>Liability Limits ____ / ____ / ____</p> <p>Vehicle inspected on ____ / ____ / ____</p> <p>By: _____ (WP Campus Safety)</p> <p>Result: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p><b>Personal insurance is primary for all personal vehicle use.</b></p>												
<p><b>4. Driving privileges are requested for the period:</b></p> <p>Effective: ____ / ____ / ____ Ending: ____ / ____ / ____</p> <p><b>Driving privileges may be requested for up to five years.</b></p>													
<p><b>A. Applicant Certification and Signature</b></p>	<p><b>C. Vehicle Record Approval</b></p>												
<p>I certify that the information given herein is true and complete to the best of my knowledge and that I have read and am in agreement with the Transportation Policy. I authorize the University or its insurance agency to check my driving record and/or claim history. This authorization is valid for future driving record inquiries for as long as I maintain employment or volunteer with Warner Pacific University.</p> <p>Signature: _____</p> <p>Date: ____ / ____ / ____</p>	<p><input type="checkbox"/> No objection to request for driving privileges</p> <p><input type="checkbox"/> Driving privileges are not recommended:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Driver outside age limitations</p> <p style="margin-left: 20px;"><input type="checkbox"/> Driver's record activity</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other: _____</p> <p>Signature: _____</p> <p>Date: ____ / ____ / ____</p>												
<p><b>B. Department Recommendation</b></p>	<p><b>D. University Approvals</b></p>												
<p>The requested driving privileges are essential to the conduct of the department's programs(s). I recommend approval for the requested driving privileges.</p> <p>Signature: _____</p> <p>Date: ____ / ____ / ____</p>	<p>Driving Privileges as indicated above are:</p> <p><input type="checkbox"/> Authorized for period requested</p> <p><input type="checkbox"/> Authorized for the period ending ____ / ____ / ____</p> <p><input type="checkbox"/> Conditionally Authorized: _____</p> <p><input type="checkbox"/> Not Authorized</p> <p>Signature: _____</p>												

Distribution:  Applicant (copy)  Approving Department (copy)  Campus Safety (copy)  Insurance File (original)