University Driver Request Form



The applicant and unit administrator must complete and sign this form before the applicant can be considered an approved driver. The completed form is to be delivered to 7400 University Hill Blvd. (RMS office located in Founders Hall, 134), faxed to 972-338-1992 scanned and emailed to AskRiskManagement@untdallas.edu (use "#Secure Driver Request" in the subject line). Out of state drivers must attach their MVR from the state that they are licensed to drive with this form. For questions, please call 972-338-1829 Forms take 3-5 business days to process.

Type of Action Requested	ICOIVIPLE I E F			OCLOSIII	<u> </u>	
☐ Add Driver ☐ Delete Driver ☐	Employed at UNTD? ☐ Employee ☐ Non-employee (commercial rentals, mobile equipment, golf carts only)					
Completed by Applicant						
EmpIID (8 #)/Student ID (if applicable)	First		MI	Last		
Home Address		City			State	Zip
Primary Phone #	Date of Birth	Driver License #			DL State of Issue	Driver License Expiration
Driver License Class (select all that apply)			Email			
□A □B □C □M	I 🗆 CDL	☐ Other				
Completed by Unit Administrator						
Department	Phone # Emplo			loyee's job require a Commercial Driver's License?		
					☐ Yes ☐ No	
		•				
Unit Administrator (Print Name)		Signature			Date	
Acknowledgement and Release						
I certify the information represented	on this form is true	e and correct. I und	erstand thi	s informatio	n may be used	by the University's
automobile insurer or Risk Manageme					-	•
Public Safety for the express purpose	of granting, revok	ing or reviewing driv	ing privile	ges as an an	proved driver o	f the University
,	o. 8	ing of reviewing arr	ing privile	800 00 0 0		i the oniversity.
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I understand that failure to follow all	l applicable rules,	_				·
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