OREGON STATE/WESTERN OREGON UNIVERSITY DRIVERS AUTHORIZATION PLEASE FILL OUT COMLETELY AND CLEARLY

In connection with the campus Vehicle Use Policy approved by the President's staff, and to receive approval to drive a state motor pool vehicle or your private vehicle for university business, please provide the following information.

Check C	One: FACULTY	STAFF	STUDENT	VOLUNTEER	OUTSIDE AGENCY	
1. La	ast Name		First Name		M.I	
2. O	U or WOU ID NoOperator's Date of Birth					
3. Dr	Driver's License NoExpiration DateState of Issue(Oregon Revised Statutes require a valid Oregon driver's license for anyone gainfully employed in Oregon. Out of state license holders will have the responsibility of providing a license history.)					
4. W	ork phone #		E-N	Iail		
5. Au	thorizing Departme	nt or Agency				
6. De	epartment/Agency A	ddress				
7. Dr	iver/Dept Informati	on Contact Person			Phone#	
8. Ba	anner Index Informa	tion Contact Perso	n Contact PersonPhone# (For OSU Van Rental/Checkout)			
9. Va	Van Safety Training Course Completed? YesNo****IF NO, you may NOT transport students in any size van Vestern Oregon University or check out a 12-passenger van from Oregon State University.					
			NTIL DRIVER LICEN ECK DRIVING RECO		SUSPENDED FOR OREGON STATE RECORDS. BASIS.	
			R STUDENTS AND VO			
					(Up to one year only)	
11. Proje	ect Leader/Superviso	or/Advisor			Phone #	
12. Purj	oose of Trip(s):	General dep	artment business	Other, Spec	eify	
1. 2. 3. 4. 5.	Have NO major to duties of a driver, suspension of driv Have NO more th Have NO careless	er. current driver licen raffic offense within driving while susp ving privileges with an three moving to driving conviction	se. 1 the last 24 months. T	e officer, felony or mis the last 12 months. onths.	driving, DUI, failing to perform the sdemeanor driver license revocation or	
standar I am far	lriver, I certify that I ds at ANY time duri niliar with the Polici	meet the above dr ng my authorization es and Procedures	ver requirements and n period, I will notify i	standards and should ny authorizing depart tate vehicles as outlin	I I fail to meet these requirements and ment and/or supervisor immediately. ed in OAR 125-155. My signature below t of Motor Vehicles.	
Driver's	s Signature:			Today's	Date:	
			N to operate a State-ov ty Policies and Regula		lance with Oregon State Law and	
Signatu	re of Dean/Director,	Dept Chair or Des	ignee:		Date:	
Typed o	or printed name of si	gner:				
Please	return Driver Author	rization Form to:				
3400 W Corvalli	Pool tor Pool Bldg /est Campus Way is, OR 97331-2802 541) 737-4141—Fax	(541) 737-7093		Western 345 N. M Monmo	nagement/Public Safety Oregon University Monmouth Avenue ath, OR 97361 503) 838-8481 – Fax (503) 838-8100	
			FOR OFFIC	E USE ONLY		
	Date Processed: _		Processe	ed by:		
	Expiration Date:		Point	s:		
	_		l (if required)			