

# SIUE Driver Approval Form

**Driver Information**

Driver's Name (Last, First, M.I.)	Date of Birth	Banner ID	Gender
Driver's License #	State	Expiration Date	<input type="checkbox"/> Student (effective 6 months) <input type="checkbox"/> Faculty/Staff (effective 1 Year) <input type="checkbox"/> Graduate Assistant (effective 1 Year) <input type="checkbox"/> Bus Driver-Medical Exp. Date _____

Wright Express Access - fleet fuel credit card (Y or N): \_\_\_\_\_

6-digit pin\* : \_\_\_\_\_

\* pins are subject to verification and approval by Transportation.

In the course of my employment, **I UNDERSTAND** that I must follow the University's Policies for driving a University vehicle. I also acknowledge that SIUE through my state's DMV Office will check my driving history in their State Law Enforcement Agency Data System and driving privileges may be denied pending serious or multiple citations. If I fail to comply with any SIUE policy or Department of Transportation regulation, I will be held accountable for any accident(s) and injuries that may occur and further driving privileges of University Vehicles will be revoked.

Driver's Signature	Date
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**Department Information**

**Charges apply for out-of-state and expedited requests**

Department Name	Box #
Budget Purpose Number	Fiscal Officer or Delegate Signature

Transportation Check: \_\_\_\_\_

DMV Check: \_\_\_\_\_ (Transportation Manager)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver Approval Expires: \_\_\_\_\_

Return To: Transportation Service (Box 1004 or Fax #3103)