



Request to Drive Form

Revised August 5, 2010

Take, with completed Driver Agreement and Release Authorization, to the Police Department. Be prepared to provide current state driver's license to be copied.

SECTION A: APPLICANT INFORMATION

Name: _____ Date: _____
First Middle Last

College ID#: _____ Phone: _____

Employee Student Other:

SECTION B: JUSTIFICATION FOR OBTAINING A FERRUM COLLEGE DRIVER CERTIFICATION

Applying to drive (check all that apply):

Car Passenger Van Service Van Shuttle Other: _____

New Applicant Renewal Applicant

Please list reason for applying for a Ferrum College Driver's certification (e.g. specific event, job responsibility):

Signature of Supervisor / Advisor / Employee Administering Program:

Signature: _____ Title: _____

Print Name: _____ Date: _____

SECTION C: REQUEST TO DRIVE

I hereby request to drive Ferrum College-owned vehicles for College business. I acknowledge that I have received, read, and agree to comply with Ferrum College Vehicle/Driver Safety Policy and with all related local, state, and federal laws.

I authorize Ferrum College to check my driving record prior to issuing me a Ferrum College Driver's License and to check it periodically thereafter. I understand Ferrum College will use this information for driver eligibility purposes only & not furnish this information to a third party without my written consent. I agree to release Ferrum College, its employees, and those who supplied you with the information from any liability for any damage that may result from furnishing the requested information or my failure to be certified to drive a Ferrum College vehicle.

Signature of Applicant: _____ Date: _____

FOR COMPLETION BY FERRUM COLLEGE POLICE DEPARTMENT

Circle as appropriate		Date	Initial
MVR Release Authorization	Signed		
MVR Check	Signed		
Driver Safety Training	Signed		
Driving Test	Car	Passenger Van	Shuttle
	Pass Fail	Pass Fail	Pass Fail
		Other	
		Pass Fail	Pass Fail

I certify that the above named person has met all requirements and is hereby authorized to drive designated Ferrum College owned vehicles. (Attach copy of the Licensee's state driver's license to completed form.)

Signature: _____ Title: _____

Print Name: _____ Date: _____