



DRIVER AUTHORIZATION APPLICATION

Please save this application to your desktop **BEFORE** entering any information. After saving the blank form, please complete all fields and training as indicated then click **SUBMIT** at the bottom of this form to email your application for processing.

Full Name: (exactly as it appears on driver's license)	<i>First</i>	<i>Middle Initial (Optional)</i>	<i>Last</i>
Status:	Student <input type="checkbox"/>	Staff <input type="checkbox"/>	Other <input type="checkbox"/> Describe: Last 4 digits SSN:
License State:		License Number:	
Date of Birth		Students Only – Reason for Driving:	
Email Address:			
Telephone Number:		Students Only - Recommended by:	
SAFE DRIVER TRAINING:			
<p>1. All applicants for Driver Authorization must successfully complete the following Two (2) training courses: Driving Safely: Autos, SUVs and Pickups AND Avoiding Large Vehicle Rollover Accidents</p> <p>2. What type of vehicle will you be driving? (Please check all that apply): <input type="checkbox"/> Van or truck <input type="checkbox"/> Utility-type Vehicle (UTV) / Golf cart <input type="checkbox"/> Personal vehicle: proof of current auto insurance required</p> <p>3. Applicants for authorization to operate a UTV or Golf Cart must review the procedures for Safe Operation of Utility Type Vehicles, including a golf cart safety video, and successful completion of the quiz contained within the procedures. In addition, Completion of hands-on training is required - please click here to schedule training with Public Safety.</p> <p>Upon successful completion of each required course, save a copy of all documents for your records - then forward a copy of your application with training certificates to Risk Management.</p>			

INSTRUCTIONS - HOW TO UPLOAD DRIVER'S LICENSE

1. TAKE A PHOTO OF THE FRONT OF YOUR CURRENT DRIVER LICENSE (WITH YOUR PHONE OR USE COPIER TO SCAN) AND EMAIL TO YOUR LINCOLN EMAIL ADDRESS.
2. GO TO YOUR EMAIL AND SAVE A COPY OF YOUR DRIVER'S LICENSE TO YOUR DESKTOP
3. CLICK **UPLOAD DRIVER'S LICENSE HERE**
4. CHOOSE BROWSE THEN SELECT YOUR DRIVER'S LICENSE PHOTO.
5. CLICK OK.

CONSENT TO REVIEW MOTOR VEHICLE RECORD

I, _____, give my consent for Lincoln University to review my motor vehicle or driving record from any and all states in which I currently hold or have previously held a driver's license for the purpose of determining my eligibility to operate University owned/leased vehicles/equipment for business purposes as determined by the University. In addition, I understand that I must successfully complete driver safety training and abide by all University policies and procedures. ***Student drivers must be recommended by faculty or staff for authorized University business purposes only.***

Signature

Date