

Application for Driving Privileges

(Please print)

Completion and approval of this application is required prior to driving on university business.

Name (as it appears on your driver's license): _____

Date of Birth: _____ Phone Number _____

Department/Title: _____

Vehicle you will be driving: _____

Type of travel (check one): Athletic Team _____ Student Activities _____

Academic/Classroom _____ Other (please describe): _____

Driver License #: _____ State: _____ Email: _____

All drivers who transport students or drive a University vehicle must be in compliance with Duquesne's Vehicle Safety and Procedures which includes Driver Safety Training. (If you are not familiar with this policy, please obtain one from the office of Environmental Health & Safety, Room 202 Fisher Hall.)

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

I also grant Duquesne University and Duquesne's insurance company permission to investigate and verify my driving history through the PA Department of Transportation and/or any other appropriate state agency

Furthermore, I understand that the use of University vehicles for personal use is prohibited.

(Applicant's Signature)

(Date)