

**Prairie View A&M University
Driver Checklist**

Driver's Name: _____ Date of Birth: ____/____/____ SS#: ____-____-____

Department/Office: _____ Office Tel #: _____

Driver's License #: _____ Class: _____ State: _____ Expiration Date: _____

Questions

1. Do you have any physical or medical conditions which may affect your fitness to drive? Yes No
if yes, please explain: _____

2. Have you been cited for a moving violation within the past 12 months? Yes No
If yes, please explain: _____

3. Have you ever been involved in an automobile accident? Yes No
If yes, please explain: _____

Driver's Certification/Authorization

I certify that the information provided above is correct and truthful and that I have read and agree to abide by the University's Student Travel/Trip Procedures. I agree to immediately notify in writing my supervisor and the University's Environmental Health and Safety Department of any change in the above information. I understand that failure to provide said notification or to adhere to the Student Travel/Trip Procedures may result in the loss of authorization to transport students on trips, as well as other possible disciplinary actions. Additionally, I hereby authorize the University's Department of Public Safety to run a check on my driving record with the Texas Department of Public Safety.

Signature

Date

Texas Motor Vehicle Records Check

Based upon the information provided in the Texas Motor Vehicle Records report, the above employee is:

Approved

Disapproved

Signature

Date