

BRANDEIS UNIVERSITY

Driving Applicant Information

Applicant Name			Date of Birth		
Campus address			Phone number		
Check applicable	Fac/Staff	Student	Other	E-mail	
Permanent address					
City		State		Country	
Driver's license number*			State**		Exp. Date:
CIRCLE APPLICABLE					
Department for which you wish to Drive			Vehicle		Golf Cart
<i>If there is a person in addition to the signature below that needs a copy of your approval status, please indicate that here.</i>					
Print Name			E-mail		
<i>I have read and understand the Brandeis University Vehicle Use Policy, and give the University permission to check my driver license with the Department of Motor Vehicles for validity and violations</i>					
Applicant Signature			Date		
VP/Director, Chair or Dean Signature			Date		
PRINT NAME of VP/Director, Chair or Dean _____					
A copy of your approval status will go to the person listed above.					

***A copy of your driver's license must be attached to this application.**

****License holders in District of Columbia, Florida, North Carolina, New Jersey and Virginia must obtain an official copy of their driving record and submit with their driving application.**

For Office Use Only

Department of Public Safety Approval				Date	
Name of Campus Police employee who reviewed (please print)					
Campus Police Signature			Date		
Is Motor Vehicle Record done	Yes	No			
Is applicant approved to drive (circle one)	Yes	No			
Defensive driving training completed/scheduled	Yes	When	No		
Date clearance expires					

PLEASE ALLOW TWO WEEKS FOR PROCESSING. You will be notified by e-mail once your application is complete.

Please submit to:
Office of Public Safety
415 South St, MS066