

Dartmouth

Transportation Services | Class of 1953 Commons
6 Massachusetts Row, Hanover, NH 03755

EMPLOYEE/ GRADUATE STUDENT DRIVER APPLICATION FORM

CONFIDENTIAL

This form must be completed by all Dartmouth faculty and employees wishing to obtain approved driver status to drive any vehicle (College-owned, leased or rented) while on College business.

Please Print

Employee's Name: _____ Department: _____

Employee ID# _____ Date of Hire: ____/____/____ Hinman Box: _____

Legal Residence: _____

City _____ State _____ Zip _____

Date of Birth: ____/____/____ License #: _____ State Issued: _____

License Expiration Date: ____/____/____ > **Please attach a copy of your driver's license**

Do you hold a CDL (Commercial Driver's License)? Yes _____ No _____

Do you hold a DOT Medical Exam Card? Yes _____ No _____ > If yes, **Please attach a copy of DOT Medical Card**

At any time during the past 24 months, have you plead Nolo Contendere or been convicted of any motor vehicle violation(s) or been involved in a motor vehicle accident(s) while driving any motor vehicle? Yes _____ No _____ (If yes, describe all incidents below):

<u>Date</u>	<u>City/State</u>	<u>Description</u>
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At any time during the past 36 months, have you plead Nolo Contendere or been convicted of DUI of Drugs or Alcohol, Reckless Operation or Leaving the Scene of an Accident? Yes _____ No _____ (If yes, describe all incidents below):

<u>Date</u>	<u>City/State</u>	<u>Description</u>
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Has your license ever been revoked or suspended in any state? Yes _____ No _____ (If yes, describe all incidents below):

<u>Date</u>	<u>City/State</u>	<u>Description</u>
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I certify that all information provide herein is correct. I understand that my driving privileges may be revoked for falsification of the information provided and that there could be additional disciplinary action, up to and including discharge. I further understand that Dartmouth College will check my driving record with the appropriate state motor vehicle authority. Drivers records and Approved Driver program files (including this application and any attachments) kept by Transportation Services are considered confidential. By signing and submitting this application to [Transportation Services](#) (via HB 6172), I agree to review and comply with the Dartmouth Driver Policy.

Applicant Signature: _____ Date: _____

For Completion by Department Approver (for assistance contact Transportation Services)

Department Approver (Please Print): _____

Department Approver Signature: _____

Chart String: _____

Commercial License required (>26,000 lbs., hazardous materials, >15passengers): Yes _____ No _____

DOT Medical Exam Card required (>10,000 lbs.): Yes _____ No _____