

EASTERN NAZARENE COLLEGE DRIVER APPLICATION

TO BE COMPLETED BY APPLICANT

NAME: _____	DATE: _____
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HOME ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

DEPARTMENT: _____	DEPARTMENT HEAD: _____
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Reason for applying:	List the moving violations you have received in the last 5 years:	Have you been involved in an accident as a driver? <input type="checkbox"/> YES <input type="checkbox"/> NO	Anticipated graduation date: State your driver's license was issued:
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Signature: _____ **Date:** ____/____/____

PROCEDURE INFORMATION

This application establishes driver eligibility for the use of ENC owned vehicles. After completing this application and returning it to the Office of Safety and Security, the following steps must be taken to become an approved driver:

- Provide a photocopy of valid state-issued driver's license
- Sign MVR release form
- Pass driving record check
- Read and sign Vehicle Use Policy
- Take and pass online driver training courses

For more information on eligibility requirements, please refer to the "Driver Qualifications" section of the Vehicle Use Policy.

TO BE COMPLETED BY DEPARTMENT HEAD

Additional comments/recommendation

Contact information: _____

Please note: A fee (varies by state) will be charged for each driving record inquiry authorized by your department.

Signature: _____ **Date:** ____/____/____