

Dartmouth

Transportation Services | North Mass
14 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, personal 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**

Will you drive large passenger vans (12-person+), micro buses, or tow trailers? Yes ___ No ___

At any time during the past 24 months, have you pleaded 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, including dates, description of violations and/or accidents including the cities & states where they happened):

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, including dates, description of incidents & the cities & states where they happened):

Has your license ever been revoked or suspended in any state? Yes ___ No ___ (If yes, describe all incidents including dates, description of violation and/or accidents including the cities & states where this happened):

I certify that all information provided 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 6155), 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, >15 passengers): Yes ___ No ___

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

Driving Passenger Vans (12-person+), Micro Buses, or Tow Trailers required: Yes ___ No ___