

UW-EXTENSION STUDENT / VOLUNTEER / LTE DRIVER AUTHORIZATION FORM

I currently hold a valid driver's license. **I understand** that a copy of the Statewide Fleet Policies and Procedures is available to download and read at: http://www.doa.state.wi.us/docs_view2.asp?docid=3962 **I understand** that it is required and in my best interest to acquaint myself with these policies.

I understand that my driver information will be included in a statewide driver database that is checked monthly. Any negative change in the status of my driving record may result in the revocation of the privilege of driving a state-owned vehicle. **I agree** to inform my supervisor and the Office of Risk Management if there is a change in my driving status.

In addition, a completed Notarized Statement form is required only for the following cases:

- A)** Individuals with an Out-of-state driver's licenses. For out-of-state DL, approval is valid for 6 months.
- B)** Individuals holding a WI driver's license less than 3 years, due to previously being licensed in another state.

The Notarized Statement form is found at:

http://www.uwex.edu/facilities/docs/UWEX%20Notarized%20statement_0909.pdf

The notarized statement must list any moving violations and/or describe accidents in the past 3 years. Also, attach copy of the out-of-state driver's license (**no** need to attach copy of WI DL) if a notarized statement is required.

This form should be returned to your Department Office when completed for review and signatures. **Incomplete forms will not be processed or returned. Please allow 10 days for processing.** If approved, your name will be added to the UW-Madison Risk Management approved driver database. Before driving or reserving a state vehicle, please verify driver is approved in the web site: <http://riskinfo.bussvc.wisc.edu/DrAuth/DriverAuth.aspx>

Driver Name as it appears on license (Please Print Legibly):	Date of Birth:
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Driver's License Number:	Issue State/Country Full Name:	If Probationary, Issue Date:
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Number of Years Driving Experience : (exclude Temporary license/learners Permit)	Email Address:
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Please Check Status Below: Student: _____ Volunteer: _____ LTE: _____	Authorization Approval Length: Whole Year: _____ Academic Year: _____ One Trip: _____
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If applicant has a 12-15 Passenger Van Driver Card issued by the State of WI Dept of Administration , please attach a copy to this application.	Have You Applied For Driver Authorization Before?
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Reason that Applicant Needs Approval to Drive State Vehicles (Please Describe):

Signature of Applicant	Date Signed
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Signature of Professor/Coordinator	Print Name	Date Signed
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Signature of Department Chair/Director	Print Name	Date Signed
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UNIT - DIVISION - DEPT CODE: T - _____ - _____	UWEX Division/Department:	Address:
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If Driver is denied, Contact Person for Notification (approvals are posted in the UW-Madison Risk Management Website see above):

Name: _____ Email: _____ Phone: _____

Please keep original in Personnel File & send copies to: UW-Madison Risk Management, 21 N. Park St., Suite 6101, (campus Mail) or via fax: 608-262-9082.

Also, send a copy to: UWEX Risk Management, 109 Extension Bldg, 432 N. Lake St. (Campus Mail) or FAX 608-263-2595