



**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: [Fleet Driver and Management Policies and Procedures Manual](#) **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, **individuals with an out-of-state driver's license**, or, **individuals holding a state of Wisconsin license for less than three years due to previously being licensed in another state**, must provide a copy of their official state-issued driving record/abstract within 30 days of requesting driver authorization.

The driving record/abstract must accompany the Notarized Statement of Driving Record form. The notarized statement must list any moving violations and/or describe accidents in the past three years. The form is found at: <http://www.uwex.edu/facilities/vehicle-authorization.html>

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 is added to the 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 ( <b>Please Print Legibly</b> ):		Date of Birth:
Driver's License Number:	Issue State/Country Full Name:	If Probationary, Issue Date:
Number of Years Driving Experience : (exclude Temporary license/learners Permit)	Email Address:	
Please Check Status Below:	Authorization Approval Length:	
Student: _____ Volunteer: _____ LTE: _____	Whole Year: _____ Academic Year: _____ One Trip: _____	
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?	
Reason that Applicant Needs Approval to Drive State Vehicles (Please Describe):		
Signature of Applicant		Date Signed
Signature of Professor/Coordinator	Print Name	Date Signed
Signature of Department Chair/Director	Print Name	Date Signed
UNIT - DIVISION - DEPT CODE: T - _____ - _____	UWEX Division/Department:	Address:
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 & email an attached copy to:**  
[uwexrisk@uwex.edu](mailto:uwexrisk@uwex.edu) or mail a copy to UWEX Risk Management, 109 Extension Bldg, 432 N. Lake St., Madison, 53706.