



**Application for State of Wisconsin Van Driver Training**

Last Name:		First Name:		
Inter-D Work Address – Street (if applicable)		Suite/Floor #	City	
1 <sup>st</sup> Class Mail Work Address – (if no Inter-D)		Suite/Floor #	City	Zip Code
Email Address		Telephone # (area code)	Alternate Telephone # (area code)	

**THIS APPLICATION IS NOT FOR THE PURPOSE OF THE STATE VAN POOL**

**Please indicate the purpose for this training:**

**Indicate department name, address, phone number and contact person:**

**Please provide a FULL FUNDING STRING for billing purposes (fund/account/udds/activity code):**

**(No purchasing cards, personal checks or personal charge or debit cards will be accepted)**

Mail your completed application to: UW-EXTENSION RISK MANAGEMENT; Rm 109 Extension Building  
432 N. Lake Street, Madison, WI 53706

**Preferred training dates (in order of preference):**

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

Enrollment is on a first come, first served basis, determined by receipt of a properly completed application. **Allow at least 2 to 3 weeks for processing after receipt of completed application.**

The Department of Administration (DOA) will notify students by email when there are eight people enrolled in a class. Please note that if you need to reschedule at that time, you will have five business days to request assignment to another class. If you do not re-schedule during those five business days, your registration payment will be billed to the scheduled class whether or not you attend. Substitutions allowed with 48 hours advance notice to DOA. Call 608-261-6638 to provide the name of your substitute.

Applicant Signature	Date
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Supervisor Signature	Date
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Risk Management Use: Authorized Driver \_\_\_\_\_ Type (PM,LT,ST,VO): \_\_\_\_\_ Exp: \_\_\_\_\_