



California University of Pennsylvania Operator's Driver History

Staff/Faculty Student Worker Department _____

*Return completed form along with a copy of your driver's license to the
Office of Administrative Services (Dixon Hall, Room 25 or Box 50)*

Operator's Name (Please Print) _____

Street _____ City _____ State/Zip Code _____

Telephone: Campus _____ Home _____ Birth Date _____

Driver's License Number _____ State _____

Is this driver's license current? YES NO Expiration Date _____

Is this driver's license under any form of Suspension or Revocation? YES NO

IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE EXPLAIN THE
CIRCUMSTANCES BELOW:

Date of Suspension or Revocation _____ Duration _____

Violation(s) _____

Do you currently have any assessed points on your driving record? YES NO
If yes, how many? _____

<u>Violation</u>	<u>Date of Violation</u>
_____	_____
_____	_____
_____	_____

Please list below any reportable accidents you have had in the past 3 years:

By my signature below, I hereby attest that everything stated above is true and correct to the best of my knowledge. I understand that this form will be kept on file in the Office of Administrative Services for a period of 1 year, at which time the form will need to be renewed. Additionally, I understand that University policy requires me to notify the Office of Administrative Services of any violations, suspensions or revocations that occur during the period between the date below and the form's renewal date. In addition, I understand that my failure to notify the Office of Administrative Services of suspensions and revocations could result in the suspension (temporary or permanent) of my University driving privileges

Furthermore, I hereby authorize California University of Pennsylvania and its representatives to request, at any time, a copy of my Driver History from the Department of Transportation.

Operator's Signature

Date

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