



Department of Public Safety
Workplace Safety & Health Division

College Vehicle
Operators Application

Owens Community College policy requires that all drivers of a college owned, leased, rented vehicle or a driver using his/her personal vehicle on college business complete this form for the purposes of determining driver insurability before being permitted to drive.

Permission Statement

I, (print name) \_\_\_\_\_ give permission for Owens Community College Department of Public safety to obtain a copy of my driving record to verify it meets the criteria established by the College to drive.

Applicant's Signature: \_\_\_\_\_ Social Security # or OCID: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Department or Organization \_\_\_\_\_ Supervisor Contact & Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Classification: [ ] Faculty [ ] Staff [ ] Student Worker [ ] Volunteer

Vehicle type: [ ] Car/Truck/ Mini Van [ ] 15-Passenger Van

DPS Employee Accepting Application: \_\_\_\_\_ Date: \_\_\_\_\_

(Submit completed application to: Owens Department of Public Safety, Workplace Safety & Health Division)

Official Use Only:

[ ] Approved [ ] Disapproved Reason: \_\_\_\_\_

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_ OCC- CDI # \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Applicant Contacted: \_\_\_\_\_

Picture taken and college driver identification issued to applicant on: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_

Attach copy of driver's license below:

