

Attach copy of driver's license below:

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 <u>before</u> being permitted to drive. A complete copy of the driver insurability statement can be obtained from the Department of Public Safety, Workplace Safety and Health Division. Driver approval once granted is valid for a one-year period.

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. In the event my driver's license is revoked or suspended, I agree to immediately discontinue operation of the College vehicle and notify my supervisor. I acknowledge that the College endorses all applicable state motor vehicle regulations relating to driver responsibility including seat-belt use. Falsification of this application will result in suspension of college driving privileges as well as discipline up to and including discharge.	
Applicant's Signature:	Social Security # or OCID:
Driver's License #: State: Expiration Date	e: Date of Birth:
Department or Organization	Supervisor Contact & Phone
E-mail address:	Date of Application:
	Worker Volunteer
Vehicle type: Car/Truck/ Mini Van 15-Passenger Van	
DDC Employee Accepting Applications	Data
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)	