

Butler University Driver Application

Request Date: _____ New Request _____ Renewal _____ Pre-Employment _____

Employee: Yes _____ No _____ Student: Yes _____ No _____ Other: _____

Name _____ Address _____

City _____ State _____ Zip _____ Day Phone _____

*Department Affiliation _____ *Department Contact Person _____
(person submitting this form for the department)

Estimated # of times driving for Butler in a year _____

Will you be transporting Student/Faculty/Staff? Yes _____ No _____ Max. # Passengers _____

Will you be driving a: *Passenger van _____ Butler vehicle _____ Personal vehicle _____ other _____

***PLEASE REFER TO THE BUTLER UNIVERSITY DRIVING POLICY FOR ADDITIONAL REQUIREMENTS.**

Driver's License # _____ License State _____ Birth Date _____

I authorize Butler University and its agent to obtain my Motor Vehicle Driving Record. That information will be treated as confidential. Individuals in positions that require driving a University vehicle, or those that will regularly drive their own vehicle on Butler's behalf must be pre-approved and qualify for the insured driver's list, before employment can be offered, and throughout your employment/association with Butler University. I have not had any of the following incidents in the last (3) years except as explained below:

1. Charged with operating a vehicle while intoxicated, impaired or under the influence of drugs.
2. Charged with any moving traffic violations.
3. Had my driver's license suspended for any reason.
4. Been involved in any vehicular accident.

Explain: _____

I understand that I must report to the Office of Operations any future violations or accidents listed above within 10-days after they occur. Driving privileges may be re-evaluated at that time. Failure to report any new or ongoing offenses may result in loss of driving privileges.

If I use my personal vehicle on Butler's behalf, I agree to maintain personal Auto Liability insurance with a limit no less than \$100,000 per person/\$300,000 aggregate for bodily injury and \$100,000 for property damage, and will be prepared to provide proof of insurance if requested.

I have read the Butler University Driving Policy.

Signature of applicant _____ *Date* _____

***By signing you agree to the terms set forth regarding coverage and acknowledge you have read the driver policy.*

***Supervisor's Signature Required for Approval** _____

1. If faculty or staff, Department Head or Dean
2. If student, faculty/staff responsible for the event