

CENTRAL ARIZONA COLLEGE
DRIVER AUTHORIZATION - MOTOR POOL VEHICLE /RENTAL VEHICLE DRIVER
MP Form #1

Please Check Status Below:

Faculty Staff Student Volunteer

Last Name _____ First Name _____ M.I. _____

Driver's License No. _____ Issuing State _____ Expiration Date _____

Phone # (Work) _____ Phone # (Cell) _____

Dept/Division _____ Driver's Supervisor _____ Phone # (Work) _____

Trip Date(s) _____ Purpose of Trip: _____

Overnight? YES NO

Type of Vehicle Requested: PASS. VAN OTHER

Driver's Safety Training Course Completed? YES NO

ATTACH A COPY OF YOUR DRIVER'S LICENSE AND CURRENT PROOF OF VEHICLE INSURANCE. BE SURE TO INCLUDE THE FRONT AND BACK OF THE LICENSE.

As the driver, I have read and am familiar with the **Vehicle Use and Reservation Manual** governing the use of district vehicles. I have a valid U.S. driver's license and have not been convicted of a major traffic offense within the previous 5 years.

Driver's Signature _____ Date _____

I HEREBY AUTHORIZE THE ABOVE PERSON TO OPERATE A DISTRICT MOTOR VEHICLE OR RENTED VEHICLE FOR THE TRIP LISTED ABOVE.

I HAVE REVIEWED AND APPROVED THE LIST OF PASSENGERS IN THE ATTACHED MP FORM #3.

Printed Name of Director/Dean _____ Signature _____ Date _____

DO NOT WRITE BELOW THIS BOX

CAMPUS POLICE

Training Completed: YES NO _____ Date _____

Verified by _____ Date _____

Driver License Status: VALID NOT VALID _____ Date _____

Verified by _____ Date _____

FACILITIES DEPARTMENT VEHICLE RESERVED

VEHICLE NOT AVAILABLE _____ Date _____

Verified by _____ Date _____