**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 Dean Signature of Dean Date

**DO NOT WRITE BELOW THIS BOX**

**CAMPUS POLICE**

**Training Completed:** **YES** ☐ **NO** ☐ _____ _____
Verified by Date

**Driver License Status:** **VALID** ☐ **NOT VALID** ☐ _____ _____
Verified by Date

**FACILITIES DEPARTMENT** **VEHICLE RESERVED** ☐
**VEHICLE NOT AVAILABLE** ☐ _____ _____
Verified by Date