

Colorado School of Mines Fleet Services

Operator Approval Request

In order to drive CSM owned, leased, loaned, or rented vehicles, <u>you must read the following information, sign the form, and</u> attach a photocopy of your driver's license.

I am aware that a driver license record check will be obtained as part of CSMs evaluation of my job application or employment. The records may be procured by CSM or its insurance company representative(s), and may include personal information obtained from the appropriate state driver licensing agency, and my driving record, to be used in an assessment of my qualification as an approved Operator.

By signing this letter, I have read and understand the CSM Fleet policy and hereby provide my authorization for CSM or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my continued approved driver status.

Please select one.				
New \square		Renewal		
Print Neatly or Type.				
Last, First, MI	Home 7		Telephone Number	
Home Address	City	State		Zip
Driver's CSM Email Address		CWID		
Department	Dept. Vehicle Coordinator	r	Tel	ephone Number
Department Address		City	State	Zip
Driver's License #	State	Exp. Date	DOB:	
Will you operate a 15-passenger van?driving a 15 passenger van).	(Please make sure th	nat you have/or will take the p	proper 15 passen	ger van training b
Signature				
Must be signed	by Operator Applicant. At	ttach copy of driver's license	e.	
Authorization: (For your Department to fil	l out)			
Index Code #		Campus Phone		_
Print Name (Must be Department Supervisor/l	DVC)			
Signature (Must be Department Supervisor/D	VC)	Date		_
Email or Campus Mail to: CSM Fac	ilities Management - Fleet ,			

Attachment A

Fleet Program Updated 6/22/17