

## STUDENT DRIVER APPLICATION FORM CONFIDENTIAL

This form must be completed by all Dartmouth students requesting to drive any vehicle (College-owned, leased, rented or personal) on an official College-sponsored activity. A copy must be kept on file by the appropriate College individual (faculty administrator/director, etc.) with the *original* forwarded to the Transportation Services (Hinman Box 6172).

NOTE: First Year Students are restricted to driving only within a 100-mile radius of Hanover and only for those departments that have requested that they be approved for their specific program in writing to TS.

## **Please Print** \_\_DARTMOUTH Class Year: \_\_\_\_\_ Student's Full Name:\_\_\_\_ DID/Net ID#: Department/Organization authorization: Applicant's full name as it appears on driver's license (please attach a photocopy): Legal Residence (Home Address): Date of Birth: / / City State License#:\_\_\_\_\_State Issued:\_\_\_\_\_ Current License Expiration Date: Issue Date of First License: Approximate number of miles driven approximately (exclude motorcycle): Van\_\_\_\_mi/yr Have you ever pleaded nolo contendre or been convicted of any moving traffic violations or been involved in any vehicular accidents while driving during the past three years? No\_\_\_\_\_Yes \_\_\_\_\_Yes (Describe below): City/State Description Date Has your license ever been revoked or suspended in any state? No\_\_\_\_\_\_Yes\_\_\_\_\_ (Describe below): Date City/State Description DO NOT WRITE Dean's Approval MVR Obtained \_\_\_\_\_ IN THIS SPACE Access Code \_\_\_\_\_\_Date Assigned \_\_\_\_\_

## PLEASE READ THE FOLLOWING AND INITIAL TO INDICATE ACCEPTANCE

1	I certify the accuracy of all information provided and I have read and agree to comply with the Dartmouth Student Driver Policy and the Driver Safety and Motor Vehicle Policy. I understand that false statements or misleading omissions may be grounds for College disciplinary action.		
2	I further understand that Dartmouth may check my driving records with any state motor vehicle authority for the purpose of administering its driving policies. Such driving inquiries will be considered confidentia and treated as such.		
3	_ I agree to allow TS to maintain a photocopy of my	drivers' license as part of the driver approval process.	
4	I am aware that the Office of the Dean of the College will be asked to provide information to P&TS concerning the disciplinary record and other information relevant to my judgment and ability to drive safely. Information that may be shared will include College sanctions for intoxication at the level of College discipline or higher.		
5	<ul> <li>I acknowledge that being fatigued while driving call and others, and pledge not to overextend my time</li> </ul>	n be the cause of serious accidents and injuries to myself a behind the wheel.	
6		understand that, when traveling over 150 miles from Hanover, I must either (1) stay overnight before or fter the event/activity or (2) name an additional, non-participating approved driver designated for the riving responsibilities.	
7	I acknowledge the dangers of driving under the influence of drugs (including alcohol) and agree not to engage in such behavior. Furthermore, I understand that my name may be removed from the approved drivers list if I have been sanctioned for any vehicular incidents involving alcohol or drugs, or otherwise fail to qualify as an approved driver (see Driver Approval Policy).		
8	I understand that any privately-owned vehicle used in transporting students to and/or from College sponsored events must first be approved for College use through the filing of an acceptable "Owner's Approval" form authorizing the use of a personal vehicle for a Dartmouth sponsored activity. I understand that I may not use a privately-owned vehicle in transporting students to and/or from College sponsored events unless that vehicle has been approved for College use. Furthermore, I understand that I cannot use a privately-owned car in connection with College sponsored activities without specific written approval of the owner.		
9	I understand that all travel to official College events must receive prior written approval from the appropriate College officer.		
10	In addition to the above, I acknowledge the personal responsibility of transporting other Dartmouth students and will not endanger their safety by taking any risks while driving.		
11	I understand that approval as a student driver is a privilege rather than a right and my name can be removed from the approved drivers list for causes deemed appropriate by Dartmouth.		
12		ed to driving only within a 100-mile radius of campus and ed department/program requiring them to drive must be	
Signature of Applicant:		Date:	
	ndersigned, understand that there may be financ with the above as set forth in Dartmouth's Driver	ial consequences to our department for failure to r Policy and Student Driver Policy.	
Departmental Approval (please print):		Dept:	
Department Head/Manager Signature:			
	ment Chart String:		

Please note student approved driver motor vehicle records are checked every two years. Fees for initial and recurring record checks will be charged to the requesting department.