

APPLICATION TO DRIVE VANS

(Maximum of 15 passengers)

DATE OF APPLICATION: _____

PLEASE ATTACH A CLEAR COPY OF YOUR CURRENT DRIVER'S LICENSE

NAME: _____ AGE: _____ BIRTHDATE: _____ (please print legibly)
DRIVER'S LICENSE NUMBER: _____ EXPIRATION DATE: _____
LICENSE CLASS: _____ STATE OF ISSUE: _____ RESTRICTIONS: _____

HAVE YOU HAD DRIVER'S TRAINING? YES _____ NO: _____ TOTAL YEARS OF DRIVING EXPERIENCE: _____

DO YOU HAVE ANY PHYSICAL CONDITIONS THAT COULD IMPAIR YOUR DRIVING? YES _____ NO _____

If yes, please explain: _____

ARE CORRECTIVE LENSES REQUIRED FOR YOUR DRIVING? YES _____ NO _____

WITHIN THE LAST THREE (3) YEARS

ANY ACCIDENTS? YES _____ NO _____

If yes, please explain when and where: _____

WERE YOU AT FAULT IN ANY OF THESE ACCIDENTS? YES _____ NO _____

If yes, please explain: _____

NUMBER OF TRAFFIC VIOLATIONS: _____ WHEN DID THEY OCCUR? _____

WHY? _____

PLEASE INDICATE HOW MANY MONTHS/ YEARS YOU HAVE DRIVEN: FREEWAY _____ SNOW/ ICE _____ NIGHT _____ METROPOLITAN AREAS _____ VANS _____ TRUCKS _____ TOWING TRAILERS _____ TRAILER SIZE _____
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Status: _____ Employee _____ Student

The above information is true: Signature _____ Date: _____

*****OFFICE USE ONLY*****

D.M.V. REPORT? YES _____ NO _____ NORTHWEST UNIVERSITY EXAMINER: _____

EXAMINER'S COMMENTS: _____

APPROVED? YES _____ NO _____

PROPERTY MANAGER

DATE