

Driver History Questionnaire



Contact Information

FIRST NAME		MIDDLE INITIAL	LAST NAME		PUID #
STREET ADDRESS					CITY
STATE	ZIP	DATE OF BIRTH	UNIVERSITY AFFILIATION <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Student Class:		
PHONE			EMAIL ADDRESS		

Driving Information

DRIVER'S LICENSE NUMBER		STATE	EXPIRATION DATE
HOME DEPARTMENT		DRIVING FOR WHICH GROUP/DEPARTMENT?	
VEHICLE(S) YOU WILL DRIVE ON UNIVERSITY BUSINESS <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> CDL <input type="checkbox"/> Golf/Club Car			
IS YOUR LICENSE REVOKED OR SUSPENDED IN THE US? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAVE YOU DRIVEN AT LEAST 2000 MILES IN THE PAST TWO YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU HAD ANY MOVING TRAFFIC VIOLATIONS OR ACCIDENTS WHILE DRIVING A MOTOR VEHICLE IN THE PAST 18 MONTHS? IF YES, DESCRIBE BELOW. <input type="checkbox"/> Yes <input type="checkbox"/> No			
DATE	CITY & STATE	DESCRIPTION	POINTS ON RECORD

Signature Required Below

I understand that I am required to notify my supervisor if my license is **revoked or suspended** for any reason. I grant Princeton University the right to **check my driving record** with any government motor vehicle authority and I authorize Princeton University to **access and evaluate my motor vehicle record**. I certify that all information provided above is correct and truthful. I understand that any falsification of information or failure to comply with the mandatory regulations may result in **removal of driving privileges and/or disciplinary action**.

APPLICANT NAME	DATE	SIGNATURE ▶
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- ▶ **Students:** Take the original, signed form along with a copy of your U.S. Driver's License and Online Test Certification to Public Safety on the date/time of your scheduled Behind the Wheel test.
- ▶ **Faculty/Staff Departmental Representative:** Send the original, signed form along with a copy of the Vehicle Usage Agreement and a your U.S. Driver's License to Risk Management, 701 Carnegie Center, Suite 443, via interoffice mail. Processing takes about five business days.

Questions? Contact Sarah Kiely (609) 258-3046.

FOR INTERNAL USE ONLY. APPLICABLE ONLY FOR STUDENTS.

ONLINE TEST DATE	ONLINE TEST SCORE	ROAD TEST <input type="checkbox"/> Pass <input type="checkbox"/> Fail	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS			
APPROVER (PRINT NAME)	DATE	SIGNATURE ▶	