

**SUNY CANTON COLLEGE OF TECHNOLOGY**

Drivers Clearance Application

Name:

Current address:

(Exactly as listed on driver's license)

Date of Birth:

Faculty/Staff

Student

Other

Client Identification Number:

\_\_\_\_ \_

(driver's license #)

Valid **N.Y.S.** Driver's License:  Yes  No

# of years driving experience:

Campus address (Department) :

**803, 804 or 805#**

\_\_\_\_ \_

As the individual authorized to drive the vehicle, I must comply with the following:

- Abide by all appropriate laws.
- Inspect vehicle prior to operation.
- Ensure that the number of occupants does not exceed capacity of the vehicle.
- Ensure that all occupants are wearing seatbelts at all time.
- Ensure that no alcohol is allowed in vehicle.
- Ensure that the amount of time a driver spends behind the wheel is not excessive.
- Not place any items on the roof of the vehicle.
- Not have a physical/medical condition that would impair my ability to operate a vehicle.

I hereby agree to the above conditions and authorize SUNY Canton to obtain through the University Police Department a motor vehicle report of my driving record for the purpose of driver clearance for state-owned vehicles.

*The University reserves the right to deny a person the privilege to operate a State owned/leased vehicle in cases, whenever a determination has been made that such denial is in the best interest of the University.*

\_\_\_\_\_  
Applicant Signature/Date

(Return signed form to University Police Department.)

*(This section to be completed University Police)*

Date Received:

Approved On & Off Campus

Approved On Campus Only

Denied

Signature:

Date: