

SUNY CANTON COLLEGE OF TECHNOLOGY

Drivers Clearance Application

All fields must be completed as shown on driver's license. Inaccuracies will result in form being returned.

Last Name:

First Name:

Middle Name:

Date of Birth:

Current Address (as listed on your license):

Faculty/Staff

Student

Other

Valid N.Y.S. Driver's License:

Yes

No

of years driving experience: _____

Driver's License #: _____

Name & Address of Department you are driving for:

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, leased, or rented vehicles.

The University reserves the right to deny a person the privilege to operate a State-owned/ leased/rented 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: