Boston University Driver Application

This form is required to be completed by all BU Community members requesting to drive any vehicle (university-owned, leased, rented or personal) on official university-sponsored business. A copy of this form will be kept on file with the appropriate department administrator for the duration of the driver's authorization.

Department / Program Requesting Authorization _____

Driver's Name _____ BU-ID _____

Driver's E-mail Address _____

Holman Inc. will email you at the address above with instructions on how to enter your driver's license information for MVR review. This process can take up to one week so please plan accordingly.

Driving Information

Vehicle(s) you will drive on University Business:

☐ Car ☐ Van ☐ Truck ☐ CDL ☐ Golf/Club Car

Is your license revoked or suspended in the US? ○ Yes ○ No

Have you driven at least 1,500 miles in the past two years? ○ Yes ○ No

Have you had any moving traffic violations or accidents while driving a motor vehicle in the past 18 months? If yes, please describe: ○ Yes ○ No

Date	City & State	Description

I understand that I am required to notify my supervisor or program coordinator if my license is **revoked or suspended** for any reason. I grant Boston University the right to **check my driving record** with any government motor vehicle authority and I authorize Boston 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.**

Signature of Applicant _____ Date _____

	Date	Status	Approver
MVR Review			
Training			