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| **PART 1: DRIVER’S INFORMATION – to be completed by applicant** |
| Applicant Name:  | University ID #: |   |
| Are you under the age of 23? | [ ]  Yes [ ]  No | Employment Status: | [ ]  Permanent[ ]  Term[ ]  Casual[ ]  Volunteer  |
| Do you have less than 6 years of driving experience? | [ ]  Yes [ ]  No(If “Yes” to either of the above, applicant does not meet UPEI’s driver qualification criteria.) |
| Department or Faculty:  |   | End date: *(if applicable)* |   |
| Position:  | Is a valid driver’s license a requirement of this position [ ]  Yes [ ]  No |
|  |
| Vehicle Coordinator (VC): |   | VC Tel:  |   |
| Applicant’s Email address: |   | License Expiry Date:  |   |
| Driver’s License Number:  |   | License Province: |   |
| License Jurisdiction *(Country)*: | [ ]  Canada [ ]  Other:  | Date of First License: |   |
| License Classification(s): *(Attach Copy of License)* | [ ]  Class 5: Cars and light trucks [ ]  Other -please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Class 4: Taxi, ambulance, or small bus |
| **PART 2: DRIVING RECORD** *- See Driver Qualification Procedures for guidance with this section*  |
| In the past three (3) years, have you had: | Total Number: | If yes, please provide date and particulars of any accidents or moving violations on Appendix A – Driving Record Supplementary Information |
| (1) Any Accidents | [ ]  Yes [ ]  No | [ ]  1 [ ]  2 [ ]  3+ [ ]  Any Major? |
| (2) Any Moving Violations *(ex: speeding, distracted driving, or*  *impaired driving)* | [ ]  Yes [ ]  No | [ ]  1 [ ]  2 [ ]  3+ [ ]  Any Major? |
| (3) Has your license been suspended for any reason? [ ]  Yes [ ]  No |
| *\* Please be advised your driving record may be verified by the University’s automobile insurer and/or insurance broker.* |
| **PART 3: DRIVER AGREEMENT**  |
| 1. I have read and agree to abide by UPEI’s [*University Owned or Leased Vehicles- Safety & Risk Management Policy*](http://www.upei.ca/policy/gov/brd/rmt/0008) and its associated procedures and agree to obey all laws and rules of the road governing the operation of motor vehicles in Prince Edward Island and in other jurisdictions in which I am authorized to use a University Vehicle.
2. I have read and agree to follow any rules or requirements set out in the *Driver Qualification Procedure*.
3. I authorize the University of Prince Edward Island and the University’s automobile insurance provider or broker to obtain a copy of my driver’s record from the Motor Vehicle Branch PEI Department of Highways, or any other appropriate jurisdiction.
4. I certify that the information provided herein is a full accurate disclosure of my driver’s record. I understand that a misrepresentation on this form will result in the denial or revocation of driving privileges. The Applicant may be held personally liable if the Applicant’s misrepresentation causes the University’s insurer refuses to insure the Applicant in the event of an accident.

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| **PART 4: DRIVING AUTHORIZATION** |
| Position | Name | Department/Faculty  | Signature  | Date |
| Vehicle Coordinator |   |   |  |   |
| **For Fleet Administrator’s Office Use:****Driver Approval Granted** [ ] Comments/Notes:**Fleet Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **For Procurement Services Use:****Driver Approval Revoked:** [ ]  Comments/Notes:**Comptroller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Procurement Services**

Kelley Memorial Building, 550 University Avenue

Charlottetown, PE, Canada C1A 4P3

Telephone: 902-566-0315 • Email:drivers@upei.ca

Any individual that wishes to drive a motor vehicle owned or leased by the University must receive approval in accordance with the [*Vehicles Owned or Leased - UPEI Safety & Risk Management Policy*](http://www.upei.ca/policy/gov/brd/rmt/0008). To apply for approval you must complete this form, attach a clear copy of your Driver’s License, front and back, and get approval from the appropriate Vehicle Coordinator in your Department and the Fleet Administrator. Incomplete forms will not be processed and will be returned to the Department.

**Appendix A – Driving Record Supplementary Information**

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| **Accidents** |
| No. | Date  | Major? | Details |
| 1 |   | [ ]  Yes [ ]  No |   |
| 2 |   | [ ]  Yes [ ]  No |   |

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| --- |
| **Moving Violation** |
| No. | Date  | Major? | Details |
| 1 |   | [ ]  Yes [ ]  No |   |
| 2 |   | [ ]  Yes [ ]  No |   |

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| --- |
| **License Suspension** |
| Date of Suspension | Length of Suspension | Details | Are you required to take any training or courses in order to reinstate your license? |
|   |   |   |   |

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 31(c) of the *PEI Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of authorizing (including assessment of driving record) and maintaining a registry of individuals authorized to drive University owned or leased vehicles in accordance with the Vehicles Owned or Leased Policy.  Direct any questions about this collection to the Manager, Contracts & Insurance either in person at the address listed above, by telephone at 902-620-5102 or by email at insurance@upei.ca.