



**Attachment 1  
Authorized Driver Application**

Please complete and print this form. Obtain all required signatures and email or submit completed form to Corporate Policy and Risk Management Analyst in room C115. This form should also be completed to update existing driver information.

<b>Full Name:</b>		<b>Date:</b>	
<b>Department:</b>		<b>Ext:</b>	
<b>Employee ID:</b>		<b>Date of Birth:</b>	
<b>Home Address:</b>			
<b>Manager:</b>			
<b>Ontario Driver's License Number:</b>			
<b>License Class:</b>			
<b>Restrictions:</b>			
<b>License Expiry Date:</b>			
<b>Driving Courses Completed:</b>			
<b>Safety Courses Completed:</b>			
<b><u>To be filled out by the Driver:</u></b>			
<p>I certify that the above information is accurate. I am aware of, and will confirm with, Mohawk College's Fleet Management Policy and all other associated policies and procedures.</p> <p>I authorize Mohawk College to obtain to complete a driver abstract and add me as an authorized driver to Mohawk College's insurance policy. I understand that a driver abstract will be completed every three years.</p>			
<b>Signature:</b>		<b>Date:</b>	
<b><u>To be Completed by Financial Manager:</u></b>			
<p>I approve of the use of Mohawk College Vehicle(s) # _____ by the employee named above. I have verified the information with the employee's license and I am satisfied that the information provided above is accurate, to the best of my knowledge. I approve that the employee be added as an authorized driver to the College's insurance policy.</p>			
<b>Signature:</b>		<b>Date:</b>	
<b>Approved:</b>	<b>Y / N</b>	<b>Date Added:</b>	