



# UW-Madison Faculty & Staff: Vehicle Use Agreement

Please allow 10 working days for processing.

Incomplete forms will not be processed or returned.

## APPLICATION TYPE

Drivers currently holding a valid WI license for 3 years or more **must complete EVUA online.**

Hold a valid WI license (less than 3 years)\*

Hold a valid Out of State or Canadian license\*

\*Completion of Notary Statement form required

The Notary Statement is found at: [Business Services Risk Management](#).

The Notary Statement must list any moving violations and/or describe accidents in the past three years.

**Please attach a legible copy of the front of the driver's license if issued anywhere outside of Wisconsin.**

The Notary Statement should be attached to this form and submitted to UW-Madison Risk Management.

Do you have a 12 and 15 passenger van driver card issued by the State of Wisconsin Department of Administration?  Yes  No  
If yes, please attach a copy of the card to this application.

## INITIAL ALL STATEMENTS AFTER READING

\_\_\_\_\_ I currently hold a valid Wisconsin driver's license *or will obtain one before 90 days of residency*. I understand that a copy of the Statewide Fleet Policies and Procedures is available to download at: [Statewide Fleet Policies and Procedures](#). I understand that it is both required and in my best interest to acquaint myself with these documents.

\_\_\_\_\_ I understand that my driver information will be included in a statewide database that is checked monthly. Any negative change in the status of my driving record may result in the revocation of the privilege of driving a state-owned vehicle. I agree that I will notify UW Risk Management if there is any change in my driving status.

\_\_\_\_\_ I understand approved applications will appear on the Risk Management website at [Business Services Risk Management](#). This website will be my only notification of approval. My name must appear on this website BEFORE I am allowed to drive or reserve a vehicle.

## EMPLOYEE INFORMATION

Driver Name as it appears on license	Date of Birth
Driver license number	Driver License Issue State/Country Full Name
Driver Email Address, please supply your @wisc.edu account if available	Number of Years of Driving Experience
Department ID Number (UDDS), Name and Address (Example: 037300, Risk Management, 21 N Park Street, Suite 5301)	
Signature of Employee	Date signed:
If driver is denied, divisional (school/college) contact person for notification (approvals are posted in the website named above):	
Name:	Phone:
	Email:

Departments: send completed forms to: Risk Management, 21 N Park Street, Suite 5301 (campus mail) or via fax: 608-262-9082 or email to: [driverauth@bussvc.wisc.edu](mailto:driverauth@bussvc.wisc.edu).

DOA Records Management requires that the original form be kept in the personnel file.