



UW-Madison Student/Volunteer/TE: Driver Authorization

Please allow 10 working days for processing.

Incomplete forms will not be processed or returned.

APPLICANT TYPE/MAXIMUM APPROVAL LENGTH	STATUS
<input type="checkbox"/> Student/1 year <input type="checkbox"/> Volunteer/1 year <input type="checkbox"/> TE/2 years	<input type="checkbox"/> Currently hold a valid WI license (3 years or more) <input type="checkbox"/> Hold a valid WI license (less than 3 years)* <input type="checkbox"/> Hold a valid Out of State or Canadian license* <small>*Completion of Notary Statement form required</small>

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 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 driver's license. 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.

APPLICANT 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 (UDDS) Number, Name and Address (Example: 037300, Risk Management, 21 N Park Street, Suite 5301)

Reason for driving	Approval Length
Signature of Applicant	Date signed:
Signature of Professor/Coordinator	Print Name: Date signed:
Signature of Department Chair/Director	Print Name: 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.

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