



## UW-Madison Volunteer Driver Authorization Request

Please allow 10 working days for processing.

Incomplete forms will not be processed or returned.

APPLICANT TYPE/MAXIMUM APPROVAL LENGTH	STATUS
<input type="checkbox"/> Volunteer*/1 year  *This applies to: Volunteers, Honorary Associates/Fellows, and Emeritus Status.	<input type="checkbox"/> Currently hold a valid WI license (2 years or more)  <input type="checkbox"/> Hold a valid WI license (less than 2 years)*  <input type="checkbox"/> Hold a valid Out of State or Canadian license*  <small>*Motor Vehicle Record (MVR) from licensed State/Country required</small>

The Policies and Procedures will be found at: [Business Services Risk Management](#).

The MVR must list any moving violations and/or describe accidents in the past two (2) years.

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

The MVR and License copy should be attached to this form and submitted to UW-Madison Risk Management.

**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 I will receive an email stating whether I have been approved or rejected. That email must be received BEFORE I am allowed to drive or reserve a vehicle and that will be my only notification.

**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 there is a driver complaint, divisional (school/college) contact person for notification.	
Name: _____	Phone: _____ Email: _____

Departments: send completed forms, including MVR and license copies, if applicable, 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.