

Driving History Questionnaire

(This form needs to be completed only once annually for each driver)

Name _____ Year _____ Phone _____

Campus Address _____

Sport Club Organization _____

Please answer the following questions and sign and date this form.

1. Do you have a valid United States or Canadian Driver's License? ___ Yes ___ No

2. Driver's License #: _____ State: _____ Exp. Date: _____

3. Is your license now revoked or suspended in MN or any other state? ___ Yes ___ No

4. Have you driven at least 2000 Miles in the last two years? ___ Yes ___ No

5. Have you been charged with any moving traffic violation, gross misdemeanor, or involved in any vehicle accident while driving any motor vehicle during the last 36 months? ___ Yes ___ No

<u>DATE</u>	<u>CITY/STATE</u>	<u>DESCRIPTION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

You are required to notify your supervisor if your license is revoked or suspended for any reason. SCSU reserves the right to check your driving record with any government motor vehicle authority. The Director of Campus Recreation or the Sport Club Coordinator will do this when there is reasonable cause.

I certify that all information provided above is correct and truthful and that I have read, understand, and agree to comply with the vehicle use agreement and regulation. Any falsification of information or failure to comply with the mandatory regulations may result disciplinary and/or removal of driving privileges.

NOTE: You will not be authorized by the University to drive if you, in the last 36 months, have been charged with a DWI, DUI, gross misdemeanor, or have 2 or more serious violations.

Applicant Signature

Date

Signature (Director of Sport Clubs)

Date