



# TEXAS TECH UNIVERSITY SYSTEM Risk Management™

## Driver Approval Request

In order to drive TTUS owned, leased, loaned, or rented vehicles, **you must read the following information, sign the form, and attach a photo copy of your driver's license.** Please return the information to the TTUHSCEP Office of Risk Management, 4800 Alberta Avenue, AEC Room 105, El Paso, Texas 79905. Please allow 12-14 working days.

*I am aware that consumer and driver license record checks may be obtained as part of TTUS evaluation of my job application or employment. The records may be procured by TTUS or its insurance company representative(s), and may include personal information obtained from the appropriate state driver licensing agency, and my driving record, to be used in an assessment of my qualification as an approved driver.*

*By signing this letter, I hereby provide my authorization for TTUS or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my continued approved driver status.*

**Please select one.**

New

Renewal

**Print Neatly or Type.**

\_\_\_\_\_  
Last, First, MI

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Driver's TTUHSCEP Email Address

\_\_\_\_\_  
Department

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Department Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Driver's License #\_State\_

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
DOB

Will you operate a 15-passenger van? Yes  No

(Please make sure that you have/or will take the proper 15 passenger van training before driving a 15 passenger van).

Signature \_\_\_\_\_

**Must be signed by Driver Applicant  
Attach copy of driver's license.**

**Authorization: (For your Department to fill out)**

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Print Name (Must be Department Supervisor or Department Head)

\_\_\_\_\_  
Campus Phone

\_\_\_\_\_  
Signature (Must be Department Supervisor or Department Head)

\_\_\_\_\_  
Date