

**NORTHERN KENTUCKY UNIVERSITY  
DRIVER CERTIFICATION**

**Please print or type**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Driver's License Issued: \_\_\_\_\_

Department: \_\_\_\_\_ Faculty: \_\_\_\_\_ Staff: \_\_\_\_\_ \*Student/Agent: \_\_\_\_\_

Vehicle Accident History for the past 5 years (for assistance with driver's license information, contact your personal insurance carrier/State Bureau of Motor Vehicle Services.):

<u>Date</u>	<u>Description</u>

Moving Violation Citations for the past 5 years:

<u>Date</u>	<u>Description</u>

**I certify that I have a valid driver's license with no limitations or restrictions which would affect my ability to safely operate an NKU fleet vehicle. My signature below confirms I have read Northern Kentucky University's Vehicle Utilization Policy. I understand it is my responsibility to thoroughly familiarize myself with these policies to ensure my compliance with same. Failure to do so may result in revocation of my NKU fleet vehicle driving privileges.**

**\*\*An agent of the Commonwealth of Kentucky is defined as 'one who is authorized by the Commonwealth to act in its behalf or to act for it'." Only a major department head of Northern Kentucky University may designate an agent.**

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Departmental Approval  
(Department Head/Chair Signature)

\_\_\_\_\_  
Office of Student Conduct, Rights and Advocacy  
(Required for students/agents only)

**I HEREBY GRANT NORTHERN KENTUCKY UNIVERSITY PERMISSION TO REQUEST DETAILS OF MY DRIVING HISTORY FROM ANY SOURCE NKU DEEMS NECESSARY.**

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date

Note: Mail original to Operations & Maintenance, MA 100, and retain copy for departmental files.