



## Trinity College Driver Application Form

To be approved to drive a Trinity College vehicle, please complete this form, have your supervisor/advisor sign it and return with a copy of your driver's license to Carol Kessel in Accounting Services, TC229.

Name: \_\_\_\_\_ Class: \_\_\_\_\_ (students) Date of Birth: \_\_\_\_\_

Home Address (as listed on license): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Department/Student Organization: \_\_\_\_\_

Supervisor/Advisor: (please print) \_\_\_\_\_

**License Information:**                      **Please attach a photocopy of your license with all applications.**

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

State of Connecticut statute requires an "F" endorsement license for individuals driving a vehicle designed to transport more than 7 passengers (including driver).

Please specify endorsements that are listed on your license: \_\_\_\_\_

Have you had a motor vehicle accident within the last 3 (three) years:

Check one:                       Yes                       No

Have you had a motor vehicle infraction (other than an accident) within the last 3 (three) years:

Check one                       Yes                       No

If you answered yes to either of the above questions, please explain and give the date(s) and details of the incident(s). Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is complete and accurate. I understand that if any information on this form changes I am required to notify my supervisor/advisor and Carol Kessel. I hereby authorize Trinity College and its' duly appointed representatives to review my motor vehicle record.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_