

**University of Idaho – CONFIDENTIAL
Driver’s Record Request Form**

Prior to operating a University owned or rented vehicle, a University employee must have their driving record checked. The driving record must also be reviewed by the employee’s supervisor. Use this form to request a driving record and get the supervisor’s review. Unit is responsible for fully complying with the University Vehicle Use Policy, APM 05.08. Records are retained by the employee’s unit. While a 3-year record is requested, note that employee/volunteer is responsible for always maintaining satisfactory driving behavior. Be aware that DMVs may supply a record longer than 3 years. Discuss any unsatisfactory behavior with your supervisor at this time.

Drivers with out of state or international licenses:

- Drivers licensed with out of state (not Idaho) or international licenses are responsible for providing a current copy of their (3) three-year driver’s record **and** any legend, key or other documentation necessary to interpret the record. To get the record, the employee must go to the Dept of Motor Vehicles that issued the license. The record must be reviewed by UI Risk and the employee’s supervisor. Sign below and attach your record to this form.
- With my signature below, I (employee/volunteer) certify that the driving record submitted with this form is accurate and current.

Employee/Volunteer Signature _____ **Date** _____

Drivers with Idaho licenses:

Please note that Idaho DMV will provide your entire record. If you think your record will show unsatisfactory driving behavior, discuss this with your supervisor at this time. Provide the information requested below so that the driver’s record check can be conducted. **PLEASE PRINT LEGIBLY.**

NAME: _____
 DRIVERS LICENSE NUMBER: _____
 ISSUE DATE (upper right, 4a): _____

- If issue date is less than 3 years ago, were you licensed in Idaho for the 3 years PRIOR to your current issue date? YES _____ or NO _____
- If the answer is NO, follow the section above for Drivers with out of state or international licenses.
- With my signature below, I (employee/volunteer) certify that my Idaho driver’s record check can be conducted.

Employee/Volunteer Signature _____ **Date** _____

Driver’s Unit/Dept Supervisor Verification of Driver’s Record

Once the record is obtained, the driver’s supervisor will review the driver’s record and verify that the driver is qualified to operate a **UI Owned or Rented Vehicle** by completing the information and signing below. This form is valid for three years and is to be kept confidentially in the departmental personnel file. Questions regarding the University Vehicle Use Policy, APM 05.08 should be directed to Risk Management at (208) 885-7177 or email risk@uidaho.edu.

UI use: Date verified _____ Points _____
 Signature of verifier _____
 Department _____