



**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 that 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.

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.

Drivers with Idaho licenses:

Please provide the information requested below so that the driver’s record check can be conducted and/or verified. 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?

I was licensed in Idaho for 3 years prior to the issue date above. YES ___ or NO _____

If the answer is NO, see the section above for Drivers with out of state or international licenses.

Employee 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 _____

This form is for official UI use only.