Attachment 1
Authorized Driver Application

Please complete and print this form. Obtain all required signatures and email or submit completed form to form to legal@mohawkcollege.ca. This form should also be completed to update existing driver information.

Applicant information			
Full Name:		Date completed (dd/mm/yyyy):	
Department:		Phone:	
Employee ID:		Date of birth (dd/mm/yyyy):	
Manager:			
License information			
Ontario Driver's License Number:			
License Class:			
Restrictions:			
License Expiry Date (dd/mm/yyyy):			
Course history			
Driving Courses Completed:			
Safety Courses Completed:			

Authorizations			
To be completed by the Driver. I certify that the above information is accurate. I am aware of, and will confirm with, Mohawk College's Fleet Management Policy and all other associated policies and procedures. I authorize Mohawk College to obtain to complete a driver abstract and add me as an authorized driver to Mohawk College's insurance policy. I understand that a driver abstract will be completed every three years.			
Signature:		Date (dd/mm/yyyy):	
To be completed by Financial Manager. I approve of the use of Mohawk College Vehicle/Vehicles number _____ by the employee named above. I have verified the information with the employee's license and I am satisfied that the information provided above is accurate, to the best of my knowledge. I approve that the employee be added as an authorized driver to the College's insurance policy.			
Financial Manager Signature:		Date (dd/mm/yyyy):	

Approval		
To be completed by General Counsel's Office		
Approved: ◯ Yes ◯ No	Satisfactory Driver's Abstract: ◯ Yes ◯ No	Date added (dd/mm/yyyy):