



**APPLICATION**  
**Approved Drivers Certification**  
**Stephen F. Austin State University**

***I, the undersigned, hereby apply for an Approved Drivers Certificate and agree to abide by Policy 13.23, Training and Certification of University Vehicle Operators."***

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Department: \_\_\_\_\_

D.L.#: \_\_\_\_\_

SFA ID#: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I, \_\_\_\_\_ hereby certify that the above named person is a designated driver for the department.

\_\_\_\_\_  
Chairman, Director, Dept. Head Signature

\_\_\_\_\_  
Date

*Applicants must sign a Texas Department of Public Safety driving record certificate with the completed application.*

*Applicants indicating they have completed the Texas Defensive Driving Course within the past year must provide a copy of their certificate with this application for credit for the course.*