



APPLICATION
Approved Drivers Certification
Stephen F. Austin State University

I the undersigned hereby apply for an Approved Drivers Certificate under the provisions of Policy Statement XVIII of the Office of the President.

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.