



APPLICATION
Approved Drivers Certification
Stephen F. Austin State University

I, the undersigned, hereby apply for an Approved Drivers Certificate and agree to abide by UTS Policy 157, "Automobile Insurance Coverage for Officers and Employees and General Requirements for the Use of Vehicles"

First Name: _____

Last Name: _____

Department: _____

D.L.#: _____

SFA ID#: _____

DOB: ____ / ____ / ____

Driver Email: _____

Please note what kind of permit you need:

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Three Year Permit for Cars and Trucks

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Three Year Van Certification

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.