

**PALOMAR COMMUNITY COLLEGE DISTRICT
REQUEST FOR AUTHORIZATION TO DRIVE COLLEGE VEHICLE FORM**

TO: FACILITIES

REQUESTING DEPARTMENT: _____ **DATE:** _____

Full Legal Name (First Middle Last)	Employment Classification Please check one box only:	Birthday (mo/date/year)	California Drivers License Number
E-mail: _____	<input type="checkbox"/> Executive Administrator <input type="checkbox"/> Part-Time Faculty <input type="checkbox"/> Permanent Faculty <input type="checkbox"/> Permanent Classified <input type="checkbox"/> Short-Term Hourly <input type="checkbox"/> Volunteer		Expires: _____
Department Chair/Director Approval		Administrative Approval (Dean or VP)	
RECEIVED DATE (INITIALS)		FACILITIES USE ONLY	
		DMV CHECKED (INITIALS)	
		APPROVAL DATE (INITIALS)	
DUI/DUID: (past 2 years) Reason, Date, State, Fine			
Tickets: (past 2 years) Reason, Date, State, Fine			
Accidents: (past 2 years) Reason, Date, State, Fine			

*The employee must fill out and have their department listed on the driver authorization form as to who they will be driving for. You will receive official notification from the Facilities Office when the driver authorization has been processed. Please submit all driver authorizations at least **fourteen days** prior to the date that the individual needs to drive. Processing of this driver authorization form cannot be guaranteed by the requested date if this time guideline is not met.*

REMINDER: Be advised that all individuals operating Palomar College vehicles are subject to a DMV check.