



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

TO: FACILITIES

REQUESTING DEPARTMENT: _____

DATE: _____

REQUESTER'S SIGNATURE: _____

Full Legal Name (First, Middle, Last)	Employment Classification Please check one box only:	Birthday (mo/date/year)	California Drivers License Number
E-mail:	<ul style="list-style-type: none"> • Executive Administrator • Part-Time Faculty • Permanent Faculty • Permanent Classified • Short-Term Hourly • Student 		Expires:
Department Chair/Director Approval		Administrative Approval (Dean or VP)	
FACILITIES USE ONLY			
RECEIVED DATE (INITIALS)	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, sign and have his/her 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. **Note:** Student drivers cannot drive the 15-passenger vans.*

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

(Original to Facilities)

Optional comments: