MIDDLEBURY COLLEGE
DEPARTMENT OF PUBLIC SAFETY
COLLEGE VEHICLE DRIVER'S
APPLICATION
APPLICANT INFORMATION

Name of Applicant: __________________________ Date of Application: ________ College I.D. ________
(Please Print)
State of Residence: __________________________ State License #: __________________________
Department/Sponsor: __________________________ Date of Birth: __________________________

This application is for a: ( ) new license ( ) Revision

Have you ever been refused a license (or suspended) by Middlebury College? ________________.

Have you ever been: cited for DWI? ___________ cited for speeding in the past 3 years? _______.
or involved in an auto accident? ___________. License suspended? ___________.

If you answered yes to any of these questions, provide details on reverse side.

What vehicle license are you applying for?

Passenger car, mini van, pick-up truck ( ) Class 1
15-passenger van, Panel truck, Cube/Step van, flat bed truck ( ) Class 2 Road orientation required
Handicapped van ( ) Class 2HCT Towing ( ) Class 2T Special class & Road test required

I have read and understand Middlebury College's policy on driving College owned and leased vehicles and
I agree to abide by this policy as a condition of the license. Furthermore, I agree to not to loan or permit
anyone to drive a vehicle assigned to me if they do not possess a College license. If for any reason my
state license is suspended, I agree to surrender my College license to the Middlebury College Department of
Public Safety immediately. I will also inform the EH&S Department of any future moving violations
or DWI violations whether in my vehicle or a College vehicle.

Signature of Applicant

Department/Organization Sponsor: ________________________________________________________
(Signature Required for Student initial Applications, not revisions)

I have had (have not) a valid driver’s license for over three years. __________________________
( A 3 year license requirement for Class 2) (initial)

Applicant successfully completed required defensive driver’s safety workshop on
(not required for revisions) __________________________ Date - EH&S ________________

Applicant successfully completed ADA van required HCT training on __________________________
Date - initial __________________________

Application: ( ) Approved ( ) Disapproved Road test: ( ) N/A ( ) Passed ( ) Failed

License
Approved by: __________________________ Date: __________________________

EH&S/DPS Officer

Rev (3/13)
CONSENT AGREEMENT

* I agree to allow Middlebury College to contact my state motor vehicle department for the purpose of verifying the information on my application. I understand that this information will be kept confidential and that I may have access to this information. Middlebury College reserves the right to conduct periodic driver record checks hereafter.

__________________________________________  __________________________
(Please Print)                                (Date)

__________________________________________
Signature

Additional Information may be written here:

(REV 2/97)