



UA DRIVER AUTHORIZATION (Category 1 Drivers)

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This form is to be completed at least annually for individuals for whom any of the following apply:

- Driving on UA business is required by the official job description
- A UA vehicle has been assigned for their use
- Where a CDL license is required for UA work
- Drivers who will be required to drive for a period exceeding 14 (fourteen) consecutive days
- For long distance travel (greater than 50 miles one way)
- Drivers who will transport groups, students, minors, and/or other non-UA affiliated persons

DRIVER To complete this section		
Name:	Date of Birth:	Age:
Drivers' License #:	Drivers' License Expiration Date:	
<input type="checkbox"/>	Attach a copy of driver's license (probationary, court restricted, international drivers' license or a drivers' permit are NOT acceptable)	
<input type="checkbox"/>	Attach a copy of UA drivers' safety training course completion documentation	
<p>I certify I am in compliance with all licensing and insurance requirements for the State of Alaska. I agree to notify my supervisor, by the next working day, of any changes to my compliance status, any moving violations I may receive, and to IMMEDIATELY notify my supervisor of any accidents.</p> <p>I have read and understand the information included in the Transportation Safety Guide. I understand the university's insurance for its vehicles is effective only when the vehicle is being used for authorized university business purposes by an authorized driver. I understand the transportation of passengers who are not University of Alaska employees should first be cleared by my supervisor and the university does not carry insurance for non-employee passengers.</p>		
Name (printed):		
Signature:		Date:

**STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
COMPANY RELEASE FOR MULTIPLE DRIVING RECORDS**

Company or Business Name (Please Print)	Telephone Number
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The undersigned authorizes the DMV to release their driving record to the above business or company:

ALASKA DRIVER LICENSE NUMBER	PRINTED NAME	CIRCLE RECORD TYPE**			SIGNATURE	DATE (Valid for 90 days)
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		

**** Driving Record Types (What's the difference?)**

Full Individual Record:

Shows current driving record status, and includes all convictions, license actions, and at-fault accidents on record; includes full medical certification details for commercial (CDL) drivers.

Insurance Record:

Shows current driving record status, and 3 or 5 year history of convictions, license actions, and at-fault accidents required for vehicle insurance purposes; excludes any medical certification information on record. (3 or 5 year reporting requirement is based on the type of conviction or action.)

CDL Employment Record:

Shows current driving record status; full medical certification information; and conviction, license action, and at-fault accident information as required by DOT regulations for commercial (CDL) drivers. CDL drivers must select this type of record when used for CDL employment purposes.

Submit request to DMV Research:
 3901 Old Seward Highway, Ste 101
 Anchorage, AK 99503
 Phone: 907-269-5551
 Email: doa.dmv.research@alaska.gov
 Fax: (907) 269-5202

I want the driving records to be sent via: Email Mail (Select only one)

Mailing Address	
City / State / Zip	Email

DMV USE ONLY			
<input type="checkbox"/> I have verified ID for in-person request Expiration Date:	BATCH	LOGIN ID / OFFICE	TOTAL FEES: _____ CA CC CK

UAF Driving Waiver Approval Form

PURPOSE: This form is for departments requesting a waiver from campus Risk Management and the [Transportation Safety Guidelines](#). Driving waiver requirements set forth may not be waived without the Vice Chancellor or Provost approval.

DIRECTIONS: Ensure all items under the Type of Driver are completed. Items listed below must be included when you submit your paperwork to Risk Management. Requests are to be submitted by email: Elizabeth Hughes-Hageman at ephugheshageman@alaska.edu mail: PO Box 758145, Fairbanks, AK 99775-8145; or Fax: 907-474-5489.

Type of Driver, check all that apply:

Volunteer Student Non-Affiliate Driving Minors

Department/Contact: _____ Phone: _____

UAF Driver's Supervisor: _____ Phone: _____

Name of Driver: _____ DOB: _____ Phone: _____

Current Address: _____ Email: _____

I certify I will be driving for the core mission of the university, university course work, or an academic or student function. I am in compliance with all licensing and insurance requirements. I agree to notify the department's contact, IMMEDIATELY of any accidents or incidents with the vehicle, changes to my driving status, or any moving violations I may receive.

Driver Signature: _____ Date: _____

Minimum Driver Qualifications (All Drivers)

- Must be at least 21 years old
- Submit a completed Category I or Category II Drivers Form **signed by UAF sponsor**
- Must have a minimum of 3 years licensed driving experience
- Be in compliance with licensing and insurance requirements
- Submit completed DMV records for all states having resided in the **last 3 years**.
[State of Alaska Department of Motor Vehicle Online Form](#)
- NO** DUI or reckless driving on record
- NO** infractions in the last 3 years
- Must complete Driver's Safety Training on EHSRM website (**Submit a copy of the card or email received**)

Volunteer Driver

- Submit a completed volunteer qualification checklist ([Volunteer Qualification Checklist](#))

UAF Driving Waiver Approval Form

Non-affiliated Driver (examples: professor from another university, any employee from another organization)

- Must maintain and provide a current certificate of insurance from home affiliation, showing Worker's Compensation and General Liability and if possible, name UA as the additional insured with respect to General Liability. For questions contact campus Risk Management: 907-474-6164

Non-UAF Employees Driving Minors¹ (Volunteer or Student ONLY)

This is ONLY for driving GROUPS of minors for UA business purposes in a UA vehicle. It is not acceptable at any time to drive alone in a vehicle with a minor

- Must meet Volunteer Driver Qualifications if applicable
- Must take and submit Protection of Minors Policy and Reporting Training and Training and Awareness Training ([Protection of Minors Training and Policy Information](#))
- In-person interview and screening must be **completed by department (Dept. Initial _____)**
- 3 references, both personal and professional **verified by department (Dept. Initial _____)**
- Background check and registered sex offender check that meets or exceeds Protection of Minors Policy requirements; requires UAF Human Resources approval

Approved **Declined**

EHSRM Comments:

EHSRM Risk Manager Signature: _____ **Date:** _____

USEFUL LINKS:

[Driver's Safety Training](#)

[Volunteer Qualification Checklist](#)

[Department of Motor Vehicle Form](#)

[Volunteer Training](#)

[Category I & II Forms](#)

[Protection of Minors Training and Policy Information](#)

[Certificate of Insurance Requirements](#)

¹ A minor is a person 18 years of age and under