**WILLIAM & MARY POLICE DEPARTMENT**

**Van Driver Training Form**

***PERSONAL DATA NO GRANT INDEXES ACCEPTED 7 OR 14***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| University Department | Department Contact Name | | | Department Phone # | | | Dept Billing Index AND Account # /IA#  **712680** | | | | |
| Driver/Applicant Name | Last: | | | | First: | | | | | Middle: | |
| Driver/Applicant Date of Birth | | | Aliases/Maiden Name/s | | | |  | | | | |
| Current Address | | | City | | | | | | State | | Zip code |
| Permanent Address | | | Permanent City | | | | | Permanent State | | Permanent Zip code | |
| Driver/Applicant Email | | Driver/Applicant Home phone # and area code | | | | Driver/Applicant area code and cell Phone # | | | | | |

***DRIVERS EXPERIENCE***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drivers License Number | Drivers License State Issued | | Date Issued | Expiration Date |
| Any Restrictions? | | | | |
| Type of Vehicle Driven | | Total Road Experience/years | | |

***DRIVERS HISTORY***

|  |  |  |
| --- | --- | --- |
| DUI/DUID CHARGES PAST 5 YRS  Reason/Date/State/Fine |  | |
|  | |
|  | |
| TICKETS PAST 2 YRS  Reason/Date/State/Fine |  | |
|  | |
|  | |
| ACCIDENTS PAST 2 YRS  Reason/Date/State/Fine |  | |
|  | |
|  | |
| **CLASS DATE/DAY REQUESTED [REQUIRED]** | | **TIME:** |

By signing this form to apply to operate the College of William & Mary’s vehicles, I certify that the above stated information is correct and that I have read, understand and agree to the College policies and procedures as stated in University literature and student handbooks concerning the operating procedures of all the College of William & Mary’s vehicles. I further consent with this signature to authorize the William & Mary Police department to run my personal information through the Department of Motor Vehicles for a DMV check and understand if any questionable information or convictions are obtained this may disqualify me from the privilege of taking this class or operating a College of William & Mary vehicle.

Applicant Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| FOR WILLIAM & MARY POLICE DEPARTMENT USE ONLY | | |
| DMV √ CLEAR NOT CLEAR | MEETS REQUIREMENTS YES NO | DOES NOT MEET REQUIREMENTS |