

Kentucky Community & Technical College System

DRIVER CERTIFICATION

(Please print all information)

Full Name _____
(First) (Middle) (Last)

Date of Birth _____ State of License _____
(Month) (Day) (Year)

Driver's License # _____ (Provide a copy of the **front and back**)

Driving Experience _____ (Years) _____ (Months)

I do /do not have health problems that would limit or restrict my qualifications for driver licensing.
(Please circle one)

Number of Vehicle Accidents _____ (Lifetime Total) List date(s) and offense(s). Use back if necessary.

<u>Date</u>	<u>Offense</u>
_____	_____
_____	_____
_____	_____
_____	_____

Number of Moving Violation Convictions (Lifetime Total). List date(s) and offense(s). Use back if necessary.

<u>Date</u>	<u>Offense</u>
_____	_____
_____	_____
_____	_____
_____	_____

Number of points currently assessed against your motor vehicle record (MVR): _____

I certify that the above stated information is true and correct and I agree to inform my supervisor immediately of any accidents, moving violation convictions, points assessed against my MVR, or suspension (revocation) of my driver's license. **Also a copy of my vehicle insurance card will be provided.**

(Signature of Driver) (Date)

(Signature of Supervisor) (Date)

Approval to drive KCTCS vehicle Yes () No ()

(Signature of Department Head)

(Signature of President, If Required)