Colorado School of Mines Fleet Services

Operator Approval Request

In order to drive CSM owned, leased, loaned, or rented vehicles, <u>you must read the following information, sign the</u> form, and attach a photocopy of your driver's license.

I am aware that a driver license record check will be obtained as part of CSMs evaluation of my job application or employment. The records may be procured by CSM or its insurance company representative(s), and may include personal information obtained from the appropriate state driver licensing agency, and my driving record, to be used in an assessment of my qualification as an approved Operator.

By signing this letter, I hereby provide my authorization for CSM or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my continued approved driver status.

Please select one. New			Renewa	ıl
Print Neatly or Type.				
Last, First, MI	Home Telephone Number			
Home Address	City		State	Zip
Driver's CSM Email Address			CWID	
Department	Contact			Telephone Number
Department Address	Mail Stop	City	State	· · · · · · · · · · · · · · · · · · ·
Zip Driver's License #	State	Exp. Date		DOB:
Will you operate a 15-passenger van? driving a 15 passenger van). Signature Must be signed by Op	·	- 		5 passenger van training before
Authorization: (For your Department to fill out)				
Index Code #		Fax Nu	mber	
Print Name (Must be Department Supervisor/DVC)	Date	Campus	s Phone	
Signature (Must be Department Head VC)	Date			
Email, Fax or Campus Mail to: CSM Fa	acilities Manageme tgarza@mines.ee			
	Fax: 303-384-20			<i>Attachment A</i> Fleet Program Updated 2/14/13

Please allow 10-15 working days.