

**Virginia Commonwealth University Police Department  
Van Driver Training Form**

**PERSONAL DATA**

University Department	Department Contact Name	Department Phone #		
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	

<b>CLASS DATE/DAY REQUESTED [REQUIRED]</b>	<b>TIME:</b>
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By signing this form to apply to operate the Virginia Commonwealth University vehicles, I certify that the above stated information is correct and that I have read, understand and agree to the university's policies and procedures as stated concerning the operating procedures of all the Virginia Commonwealth University vehicles. I further consent with this signature to authorize the VCU 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 Virginia Commonwealth University vehicle.

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

FOR VCU POLICE DEPARTMENT USE ONLY				
DMV √	CLEAR	NOT CLEAR	MEETS REQUIREMENTS	YES NO
			DOES NOT MEET REQUIREMENTS	