UTRGV | UT Health Rio Grande Valley

Environmental Health, Safety & Risk Management

MOTOR VEHICLE RECORD (MVR) REQUEST

DRIVER INFORMATION

Department: _____ **Campus Location:** _____

Employee Name: _____ _____ _____

Last **First** **Middle/Maiden**

Email Address: _____ **Date of Birth**: _____

TX Driver License Number: _____

(Must have 36 months driving history to operate University vehicles)

Out-of-State Driver License Number: _____ **Issuing State**:_____

If you have recently obtained a Texas Driver License, please submit both your current and previously held license so that the two may be combined for the required 3 year review.

DRIVER TRAINING HISTORY

Driver Safety Training Date: _____

Golf Cart Only: **YES** ☐ **NO** ☐

CDL License Required: **YES** ☐ **NO** ☐

12 Passenger Van Training Date: _____

This application is a one-time submission. Your information will remain in the Risk Management Information System (RMIS) until you are no longer an active employee. Please note that you will still need to complete the Driver Safety training every 3 years.

If results are **"Acceptable"** you will be notified via email and no further action will be needed.

If your results are **"Unacceptable"** you will be notified via email. Examples of results that would render an automatic disqualification:

1. Driver Point Rating: 4
2. Driver License Status: Suspended
3. Driver License Status: Expired
4. Less than 36 months of driving experience within the United States.
5. No training or expired training.

By providing the information above, you acknowledge adherence to Policy UTS157 governed by UT System.

Submit completed form to EHSRM@utrgv.edu

(This form will be deleted by EHSRM, once it has been entered into the system.)