

MOTOR VEHICLE RECORD (MVR) REQUEST

DRIVER INFORMATION		
Department:	Supervisor:	
Employee Name:		
		Middle/Maiden
Email Address:	Date of Birt	h:
TX Driver License Number: (Must have 36 months driving history to operate University vehicles)		
Out-of-State* (OOS) Driver License Number: Issuing State: *OOS Drivers: 1) Use this link to submit your Out of State MVR Request > https://utrgv.quickapp.pro/apply/applicant/new/5431		
2) Resubmit this form wit	your Out of State MVR Request > https://utrgv hin 90 days with your TX DL information.	v.quickapp.pro/appiy/appiicant/new/5431
If you have recently obtained a Texas Dr be combined for the required 3 year rev	iver License, please submit both your current an iew.	d previously held license so that the two may
UTRGV DRIVER SAFETY TRAINING (Required prior to operating any UTRGV vehicle)		
Type of Vehicle: (Select ALL that Apply)	Training Required:	Date of Training:
Standard Vehicle (Car/Truck/Van)	Driver Safety Training	
Golf Cart / Utility Vehicle	Driver Safety Training, Golf Cart Training	
12 Passenger Van	Driver Safety Training, 12 Passenger Van Training	
Forklift	Driver Safety Training, Forklift Training	
Aerial Work Platform (Scissor/Boom Lift) Driver Safety Training, Fall Protection Training, Aerial Lift Training		

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

Other (Please Specify):

- 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

Please allow 1-3 business days to process.