

UTRGV
MOTOR VEHICLE RECORD 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: _____ **Issued State:** _____

(Must have 36 months driving history in the State in which you previously resided)
If you've recently obtained a TXDL the total number of months driving history will be combined between both States

DRIVER CERTIFICATION / TRAINING HISTORY

Driver Safety Training Date of Completion: _____

GOLF CART ONLY: YES NO
(Must have at least 18 months driving history to operate University Golf Carts.
(Operation of University vehicles will not be permitted)

CDL License Required: YES NO

12 or 15 Passenger Van Certification Date: _____
(If applicable)

This application is only submitted once. Your information will remain in the system until you are no longer an active employee. Please note 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 in automatic disqualification:

1. Driver Point rating resulting in: 4
2. License Status: Suspended
3. Driver License Expired
4. Less than 36 months driving experience
(Must have at least 18 month driving history to operate golf carts only)

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

(This form will be deleted once it's been entered into the system)