

**GEORGE MASON UNIVERSITY**  
Driver Application Questionnaire

**Personal Data (Required)**

University Department:	Supervisor/Sponsor Name:	Department Phone Number:	Date of Application:
Applicants Name:	First:	MI:	Last:
Applicant's e-mail:		Applicant's Date of Birth:	
Address:			
City:	State:	Zip Code	Home Phone:
Permanent Address:			
City:	State:	Zip Code	Home Phone:

**Drivers Experience**

Driver's License Number:	State:	Date Issued:	Expiration Date:
Any Restrictions?			
Type of Vehicle Driven:			
Total Road Experience:	Years:	Months:	

**Drivers History**

DUI / DUID: (past 2 years) Reason, Date, State, Fine	
Tickets: (past 2 years) Reason, Date, State, Fine	
Accidents: (past 2 years) Reason, Date, State, Fine	

<b>Class Date Requested (Required)</b>	Class time: 8 am – 12 noon
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By signing this application to operate Commonwealth Vehicles, you certify that the information contained above is correct; In addition, that you have read, understand and agree to University Policy Number 1401 Manual concerning operating Commonwealth (GMU/Pool) vehicles.

**REMINDER: Be advised that all individuals operating Commonwealth vehicles are subject to a DMV check.**

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Applicant Signature/Date

For GMU Police Use Only	
DMV Check	Date:
Meets Requirements	
Does Not Meet Requirements	