

University of Guelph Faculty & Staff Driver Profile Information For Transportation Services

Faculty/Staff Name _____ Date _____
(Please Print)

Department _____ Extension _____

University Employee Number _____ License Class _____

Ontario Driver's License Number _____ Expiry Date _____

Supervisor's Name & Title _____
(Please Print)

Full-time Driver	Yes	<input type="checkbox"/>	
Temporary Driver	Yes	<input type="checkbox"/>	Start Date _____ End Date _____

Complete this Section Only if you possess a Class "A" License

Date of Last Medical _____ Last Abstract Date _____

To be filled out by the Driver:

I certify the above information to be accurate. I am aware of and will conform with the University of Guelph's policy and the procedures on the use of University owned, leased and rented vehicles as specified in University of Guelph policy 1.2.25 – Licensed Vehicles.

Signature _____ Date _____

Statement by Department Chair/Director/Manager/Supervisor:

I approve the use of the University vehicle Make: _____ Model: _____ U of G ID No.: _____

Signature _____ Date _____

This form is to be printed, signed and emailed to the Manager, Transportation Services, Physical Resources at vehicle@pr.uoguelph.ca