

# 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 a copy sent to Treasury Services – Insurance Division**