University Driver Certification Form

Name of Driver: ____________________________________________________________

Issuing State: ______________________________________________________________

License Expiration Date: _____________________________________________________

I, ______________________________________ (print name) hereby certify that the above
information is correct and that my driver’s license is valid. I further certify that I have
not been convicted or pled guilty to a Driving Under the Influence (DUI), Driving While
Intoxicated (DWI) or an offence of similar magnitude during the past 5 years.

_________________________________________  ____________________________
Driver’s Signature                          Date

_________________________________________  ____________________________
Approver’s Signature                        Date