



NCCentral
UNIVERSITY

Environmental Health and Safety

North Carolina Central University State of North Carolina DRIVERS AUTHORIZATION FORM

**TO BE COMPLETED ANNUALLY, UPON CHANGE OF STATE OF ISSUANCE, CLASS OF
LICENSE, AND/OR DRIVING RESTRICTIONS CHANGE.**

Department: _____

Employee Number: _____ Employee Name: _____

Drivers Training Course Taken: ☐ Yes ☐ No Immediate Supervisor: _____

NCCU SUPERVISOR/DIRECTOR AUTHORIZATION

By executing this document, I confirm the information to be current and in accordance with the NCCU Environmental Health and Safety/Risk Management loss prevention requirements.

My signature authorizes the aforementioned employee to drive the following on state business as required (check all that apply)

_____ State Vehicle
_____ Rental Vehicle

Department Head
(or designated individual)

Date of Authorization

EMPLOYEE ACKNOWLEDGEMENT/AUTHORIZATION

By signing this document, I agree to notify North Carolina Central University in writing should any of the following changes on my license:

Driver's License number, State of issuance, Class of License or Driving Restrictions.

My **signature on this document** and a **copy of my current driver's license** shall remain on file until revoked by North Carolina Central University or until a new form is executed.

Employee Signature

Date