



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: _____ Phone number: _____

Banner: _____ Employee Name: _____

I have received and reviewed the protocols: ☐ 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

_____ BBRI 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