

REQUEST FOR AUTHORIZATION TO DRIVE

Name: _____ Today's Date (MM/DD/YYYY): _____

SF ID: _____ Date of Birth (MM/DD/YYYY): _____

Email: _____ (use SF email if assigned; if not, use your primary email account)

- | | | |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Santa Fe Employee | <input type="checkbox"/> Student | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Spherion Employee | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Full-Time |

Department/Club/Group Name: _____

Address (as it appears on your driver license): _____

Florida Driver License Number: _____ Expiration Date (MM/YY) _____

Reason for Driving SF Vehicles or Carts: _____

Supervisor's Name: _____ Phone Number: _____

Supervisor's Signature: _____

Requesting Authorization for: ___ College Vehicles ___ Golf/Utility Carts ___ Both

A legible copy of the submitter's driver license must be submitted with all Authorization to Drive Request forms. If requesting to drive carts, a signed Golf Cart Policy (available on Safety Website) must be included with this form. After completing online Distracted Driver course, print Certificate of Completion and submit to Safety Coordinator for signature.

Safety Coordinator Use Only

Vehicles

- ___ Copy of driver license received
- ___ Copy of job description received
- ___ Request sent to DMV _____
- ___ Distracted Driver Training completed
- ___ Certificate of Completion received
- ___ Approved to drive vehicles

Golf/Utility Carts

- ___ Copy of driver license received
- ___ Signed Golf/Utility Cart Policy received
- ___ Added to Canvas _____
- ___ Training presentation completed _____
- ___ Training documentation received
- ___ Approved to drive golf/utility carts

Safety Coordinator's Signature: _____

Date: _____