

THE COLLEGE OF NEW JERSEY
DRIVER'S LICENSE VERIFICATION FORM

Only employees of The College of New Jersey, with valid driver's licenses, are authorized to operate college-owned vehicles, as only they are afforded protection under the New Jersey Tort Claims Act. Any individual who is on The College of New Jersey payroll is considered an employee, including student workers who have driving responsibilities within their job descriptions. An employee's use of a college vehicle must be within the scope of his/her employment and for official college business only. Personal use is not permitted.

NAME:	
DEPARTMENT:	
CAMPUS ADDRESS:	
CAMPUS PHONE NUMBER:	
CAMPUS E-MAIL:	
DRIVER'S LICENSE NUMBER:	
EXPIRATION DATE:	
STATE OF ISSUANCE:	

I understand that by submitting this form, along with a clear photocopy of my current driver's license, I authorize The College to obtain an abstract of my driving history. Further, I understand that if my abstract is found not to be in good standing, and/or if I am found to not have a valid driver's license, I will not be allowed to drive any college vehicle, regardless of my specific job requirements.

Employee Signature

Date Submitted

**PLEASE ATTACH A CLEAR PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE,
ALONG WITH THIS COMPLETED FORM, AND RETURN IT TO:**

**Brian Webb
Office of Risk Management Services
Maintenance Building**

Thank You!