

REQUEST FOR DMV CHECK

Please have this form completed and return to:
Insurance & Risk Management Dept.
University Center
Fax (516)299-3742

Date:			
Campus & Department:	Campus		Dept.
Requested by(not driver):			
Telephone # / Fax #:	Tel:		Fax:
E-mail address:			
Name of potential driver:			
Social Security number:			
Employee's Status:	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Work study student		
Employee's date of hire:			
Date to be driven:			
Purpose:			
Type of vehicle:	<input type="checkbox"/> Facilities vehicle <input type="checkbox"/> 12 passenger van <input type="checkbox"/> Others (specify) _____		
Comment:			
(place copy of driver license here)			