

**Marlboro College  
Marlboro, Vermont**

**Application for Approval as a Student, Faculty or Staff Driver**

Faculty/Staff/Student \_\_\_\_\_ Box # \_\_\_\_\_ Phone # \_\_\_\_\_

Note: Supply all information requested and submit, with current valid operator's license to the Plant and Operations. You must be over 21 years of age to operate Marlboro College vehicles. (All information on this application will be forwarded to Marlboro College's vehicle liability insurance carrier.)

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

COLLEGE ADDRESS \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

DATE LICENSE EXPIRES \_\_\_\_\_

CONDITIONS ON LICENSE (Glasses, etc.) \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved in an accident while operating a motor vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If "Yes" give full details on the back of this sheet.)

Have you ever been convicted of a moving violation? (Includes a plea of "guilty" or "no contest," and need not have been the result of a court action.)

Yes \_\_\_\_\_ No \_\_\_\_\_ (If "Yes" give full details on the back of this sheet.)

Have you ever had automobile insurance canceled, or been denied coverage?

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that the information I have given on this application is complete and correct to the best of my knowledge. **I CONSENT TO HAVING A MOTOR VEHICLE RECORD (MVR) CHECK DONE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_