Carleton University   **Request to Add Driver**

It is the responsibility of each Department using University Vehicles to advise the Office of Risk Management of any additions of drivers to your Department vehicles. Incomplete forms regrettably cannot be processed.

CHECK ONE:		❑ Add Driver ❑ Change Driver Information			
DRIVER	1. **Full Name**				
	2. **Address**				
		City		**Postal Code**	
		Province			
	3. **Date of Birth (DD/MM/YYYY)**				
LICENCE	4. **Driver's License No**			**Class**	
	5. **Expiry Date (DD/MM/YYYY)**			**Number of Years Licensed**	
HISTORY	6. **Accidents?**	❑ **Yes**	❑ **No**	**Date (MM/YYYY)**	
		Details:			
	7. **Convictions?**	❑ **Yes**	❑ **No**	**Date (MM/YYYY)**	
		Details:			
APPROVAL	8. **Driver Signature**			**Date**	
	9. **Department**				
	10. **Departmental Approval**			**Date**	
	11. **Departmental Contact**				

❑ Photocopy of Driver's License (front and back) attached - REQUIRED