

University Driver Certification Form

Name of Driver: _____

Issuing State: _____

License Expiration Date _____

I, _____ (print name) hereby certify that the above information is correct and that my driver's license is valid. I further certify that I have not been convicted or pled guilty to a Driving Under the Influence (DUI), Driving While Intoxicated (DWI) or an offence of similar magnitude during the past 5 years.

Driver's Signature

Date

Approver's Signature

Date