

**Temporary Approval for WTAMU Driving List
Out-of-State License**

I, _____ request, temporary approval from my departmental supervisor, to be added to WTAMU's Approved Drivers List allowing me to drive a University/State vehicle. I certify that I have requested a copy of my state DMV-Motor Vehicle Records, for the past three years.

I certify that I do not have the following:

- | | |
|---|---|
| No more than 1 moving traffic citation. _____ | No aggravated assault with motor vehicle. _____ |
| No more than 1 motor vehicle accident (not at fault- did not receive citation). _____ | No operating motor vehicle without owner's authorization. _____ |
| No driving while intoxicated. _____ | No permitting an unlicensed person to drive. _____ |
| No driving under influence of drugs. _____ | No charges of reckless driving. _____ |
| No negligent homicide arising out of the use of a motor vehicle. _____ | No speeding contest charges. _____ |
| No driving during suspension or revocation of license. _____ | No hit and run (bodily injury and physical damage) driving. _____ |
| No using a motor vehicle for the commission of a felony. _____ | |

West Texas A&M University may obtain my driving history record. I understand this information will be used only for driving evaluation. I hereby authorize the Sterling Talent Solutions to furnish West Texas A&M University, or its agent, my driving history record. I do hereby release all agents, servants, and employees of West Texas A&M University from all liability resulting from the release of this information. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein may affect my employment. I certify that the above information is true and that I am responsible for the cost to provide a copy of my annual driving record from the state of my license.

Last Name	First	Middle	
Address (Number and Street)	City	State	Zip Code
Date of Birth	Social Security Number	Driver's License Number/State	

Employee's signature

Date: _____

Department Supervisor

Date: _____

Based on the above certification, a temporary approval may be granted until the motor vehicle record is received.