

Parking and Transportation Services

61 Lomb Memorial Drive Grace Watson Hall 585-475-2074 Fax 585-475-7510

DRIVER CERTIFICATION APPLICATION

Information/Instructions:

- 1) This application must be completely filled out, including the *Billing Authorization* section before a certification can be issued
- 2) Applicants with out-of-state drivers' licenses must supply a three (3) year Department of Motor Vehicles driving abstract from their issuing State.
- 3) A copy of the applicant's valid driver's license must accompany the application.
- 4) Applicant must have a satisfactory driving record and complete a written exam.
- 5) May take up to seven (7) days to process.

| Please complete all application information: | | | | |
|--|---------------------|----------------------------------|------------------|------------------------|
| Faculty/Staff | | New Application | Date Submitted: | !: |
| Student | | Renewal | | |
| Name: (Last / First | | | | |
| | , 1.11, | | | |
| Date of Birth: | | | University ID#: | |
| Home Address: | (Street) | | | |
| City: | | State: | | Zip: |
| RIT Address: (Residence Hall/Apartment Complex - Room #/Apt. # OR Bldg # - Room/Office #) | | | | |
| Daytime Phone: | (Residence Hail/Hpa | O.I. IN | - | Office #) |
| RIT E-Mail Address: | | | | : |
| | | | | s |
| | | | | : |
| BILLING AUTH No application wil | | ut an account number, authorized | | |
| (Department) | | (Bldg./Room #) | - | (Phone #) |
| (Authorized Name) | | (Title) | _ | (Authorized Signature) |
| (Account Number | г) | | | |
| FOR OFFICE USE ONLY | | | | |
| | | | | |
| Date of Issuance: | | | Expiration Date: | : |
| Certification # | # | | Issued By: | : |
| Rev: 07/2006 | 5 | | | |