

Kentucky Community & Technical College System

DRIVER CERTIFICATION

(Please print all information)

Full Name \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth \_\_\_\_\_ State of License \_\_\_\_\_  
(Month) (Day) (Year)

Driver's License # \_\_\_\_\_ (Please provide copy of driver's license)

Driving Experience \_\_\_\_\_ (Years) \_\_\_\_\_ (Months)

I do / do not have health problems that would limit or restrict my qualifications for driver licensing.  
(Please circle one)

Number of Vehicle Accidents \_\_\_\_\_ (Lifetime Total). List date(s) and offense(s). (Use back if necessary)

<u>Date</u>	<u>Offense</u>
_____	_____
_____	_____
_____	_____
_____	_____

Number of Moving Violation Convictions (lifetime total). List date(s) and offense(s). (Use back if necessary)

<u>Date</u>	<u>Offense</u>
_____	_____
_____	_____
_____	_____
_____	_____

Number of points currently assessed against your motor vehicle record (MVR): \_\_\_\_\_

I certify that the above stated information is true and correct and I agree to inform my supervisor immediately of any accidents, moving violation convictions, points assessed against my MVR, or suspension (revocation) of my driver's license. Also a copy of my vehicle insurance card will be provided.

\_\_\_\_\_  
(Signature of Driver) (Date)

\_\_\_\_\_  
(Signature of Supervisor) (Date)

Approval to drive KCTCS vehicle Yes ( ) No ( )

\_\_\_\_\_  
(Signature of Dept. Head)

\_\_\_\_\_  
(Signature of President, if required)