Appendix A

UNIVERSITY of ALASKA
Many Traditions One Alaska

UA DRIVER AUTHORIZATION
(Category 1 Drivers)

This form is to be completed at least annually for individuals for whom any of the following apply:

- Driving on UA business is required by the official job description
- A UA vehicle has been assigned for their use
- Where a CDL license is required for UA work
- Drivers who will be required to drive for a period exceeding 14 (fourteen) consecutive days
- For long distance travel (greater than 50 miles one way)
- Drivers who will transport groups, students, minors, and/or other non-UA affiliated persons

DRIVER **To complete this section**		
Name:	Date of Birth:	Age:
Drivers' License #:	Drivers' License Expiration Date:	
☐ Attach a copy of driver's license (probationary, court restricted, international drivers' license or a drivers' permit are NOT acceptable)		
☐ Attach a copy of UA drivers' safety training course completion documentation		

I certify I am in compliance with all licensing and insurance requirements for the State of Alaska. I agree to notify my supervisor, by the next working day, of any changes to my compliance status, any moving violations I may receive, and to IMMEDIATELY notify my supervisor of any accidents.

I have read and understand the information included in the Transportation Safety Guide. I understand the university's insurance for its vehicles is effective only when the vehicle is being used for authorized university business purposes by an authorized driver. I understand the transportation of passengers who are not University of Alaska employees should first be cleared by my supervisor and the university does not carry insurance for non-employee passengers.

Name (printed):

Signature: Date:

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
COMPANY RELEASE FOR MULTIPLE DRIVING RECORDS

Company or Business Name (Please Print)	Telephone Number

The undersigned authorizes the DMV to release their driving record to the above business or company:

ALASKA DRIVER LICENSE NUMBER	PRINTED NAME	CIRCLE RECORD TYPE**			SIGNATURE	DATE (Valid for 90 days)
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		

**** Driving Record Types (*What's the difference?*)**

Full Individual Record:
Shows current driving record status, and includes all convictions, license actions, and at-fault accidents on record; includes full medical certification details for commercial (CDL) drivers.

Insurance Record:
Shows current driving record status, and 3 or 5 year history of convictions, license actions, and at-fault accidents required for vehicle insurance purposes; excludes any medical certification information on record. (3 or 5 year reporting requirement is based on the type of conviction or action.)

CDL Employment Record:
Shows current driving record status; full medical certification information; and conviction, license action, and at-fault accident information as required by DOT regulations for commercial (CDL) drivers. CDL drivers must select this type of record when used for CDL employment purposes.

Submit request to DMV Research:
3901 Old Seward Highway, Ste 101
Anchorage, AK 99503
Phone: 907-269-5551
Email: doa.dmv.research@alaska.gov
Fax: (907) 269-5202

I want the driving records to be sent via: ☐ Email ☐ Mail (Select only one)

Mailing Address	
City / State / Zip	Email

DMV USE ONLY

☐ I have verified ID for in-person request Expiration Date:	**BATCH**	**LOGIN ID / OFFICE**	**TOTAL FEES:** _____ CA CC CK

www.alaska.gov/dmv