

DRIVER VERIFICATION FORM
(Please submit to Central Motor Pool for approval)

In accordance with ECU Risk Management Policy Number 11 Item IX
The Supervisors or Department Heads are responsible for reviewing driving record verification and taking any necessary action.
If the driving record verification indicates six or more driver license points in effect, the University employee will be directed to the NCDMV Drivers Handbook, outlining the Driver License Points system, Suspensions and Revocations, and Driver License Restoration, with a written warning advising the employee that the loss of a driver's license may result in disciplinary action up to and including dismissal if a valid driver's license is a condition of employment.

Vehicle Operator Name _____
(Please print)

Faculty/Staff _____ Grad. Assistant/Student _____

Date of Birth _____ NC Driver License Number _____

Copy of drivers license attached _____ Out of state history attached _____

Employee signature and date authorizing the driving record verification

Signature _____ Date _____

DEPARTMENT / SUPERVISOR INFORMATION

Signature and date of Supervisor/Department Head to whom the employee reports

Signature _____ Date _____

Printed Name _____ Department _____

VERIFICATION RESPONSE

Drivers License Current: _____

Current drivers license history indicates _____ points

Because driving record information is not available to us for the entire three (3) year period being reviewed; the Vehicle Operator must provide a notarized copy of his/her driving record from the State of _____

Motor Pool Verification and date driving record verified

Verification Operator _____ Date _____