Transportation Certification Request Form

Please submit form to the Campus Safety Department

A person must be at least 21 years old and pass a driving and written test to receive certification

Name of person(s) requesting to be certified:

_____ age: _____

_____ age: _____

_____ age: _____

Please list two dates for certification testing: 1 _____

2 _____

Please list two available times for testing: 1 _____

2 _____

Department of those requesting certification: _____

Department Head: _____ Department Head Signature: _____

The Campus Safety Department will be in contact with you to schedule your certification testing within 2 business days.

OFFICIAL USE ONLY

Date of testing: Time of testing:

Name of certifier: _____

Road Test: Pass Fail

Written Computer Test: Pass Fail