

DRIVER'S LICENSE RECORD REVIEW AUTHORIZATION

☐ Original Authorization or ☐ Update to Existing Authorization

The information you are being asked to provide will be used by (agency) personnel to determine your qualification to drive vehicles on state business. You are not required by law to provide this information. If the requested information is not provided, you will not be approved to drive vehicles on state business. If driving on state business is a minimum qualification or essential function of the position, you may be removed from consideration for hire or subject to discipline, up to and including discharge. The information on this form, and any resulting driver's license record information, may be shared with state and federal entities including: employees and agents of your employing agency and employees and agents of Minnesota Management & Budget whose work assignments reasonably require access, the Risk Management Division of the Minnesota Department of Administration, the Minnesota Legislative Auditor's Office, the Minnesota Attorney General's Office, the Minnesota Department of Employment and Economic Development, federal and state enforcement agencies with proper authority, and any other person or entity authorized by state or federal law or court order. Your Driver's License Number may be used to obtain a driver's license record from the driver and vehicle services division of each state where you have held a driver's license in the past five years. The completed form should be returned to the individual designated.

Campus: ☐ ARCC-Rapids ☐ ARCC-Cambridge ☐ Anoka Tech Supervisor's Name : _____

Driver's Name: Last: _____ First: _____ Middle: _____

Driver's Phone #: _____ Mobile | Home | Work Email: _____

Driver's License Number: _____ Issued by the State of: _____

Insurance Carrier: _____ Renewal Date: _____

I AUTHORIZE MINNESOTA STATE COLLEGES AND UNIVERSITIES AND THE RISK MANAGEMENT DIVISION OF THE MINNESOTA DEPARTMENT OF ADMINISTRATION TO OBTAIN MY DRIVER'S LICENSE RECORD FROM ANY STATE WHERE I HAVE HELD A DRIVER'S LICENSE IN THE LAST 5 YEARS. I ALSO UNDERSTAND THAT MY DRIVER'S LICENSE RECORD MAY BE OBTAINED AND REVIEWED AT LEAST ANNUALLY IN CONJUNCTION WITH THIS AUTHORIZATION.

I agree to update this Authorization in the event of a change to any of the data supplied above.

Driver's Signature _____ Date _____

Driver Responsibilities: Driver agrees to;

- A. Be familiar with the state's and agency's Drivers' License and Record Checks policy.
- B. Know and follow the agency's fleet policy and training requirements.
 - **Complete Defensive Driving training** | https://mn.gov/admin-stat/documents/def_driving/index.html
- C. Maintain an active, valid and, applicable driver's license; drive responsibly and adhere to all traffic laws.
- D. Notify the supervisor no later than the beginning of the next shift of any status change affecting their driver's license. This includes and is not limited to suspension, revocation, cancellation, disqualification, expiration, or any license restrictions.
- E. Abstain from driving on state business if they do not have an active, valid, and applicable driver's license.
- F. Maintain liability insurance on your own vehicle if you use it for work purposes. Liability insurance is required for vehicles per M.S. 65B.48, subd. 1.
- G. Enter data for each driver's license held in the last five years into Self Service.
- H. Delete data from Self Service relating to any previously held driver's license which has been invalid for at least five years (includes suspended, revoked, canceled, disqualified or expired).

I acknowledge that I have read and understand the Driver's Responsibilities noted above and agree to abide by all applicable policies and guidelines.

Driver's Signature _____ Date _____

Supervisor's Signature _____ Date _____

