

## DRIVER AUTHORIZATION FORM

Please fill in appropriate section of your choice.

### SECTION 1

I, \_\_\_\_\_ do NOT wish to drive any Olds College vehicle now or in the future and do not give permission for my driver's abstract to be pulled.

\_\_\_\_\_  
Signature

### SECTION 2

I, the undersigned, hereby authorize my Employer, and/or Insurance Company and/or Aon Reed Stenhouse Inc. to obtain my driver's abstract. The foregoing parties are further authorized to release this information to any third parties as deemed necessary, with the agreement of confidentiality.

NAME IN FULL: (Print) \_\_\_\_\_

DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

PROVINCE OF ISSUE: \_\_\_\_\_

Note: if a Driver does not carry an Alberta License, a Drivers Abstract is required from the province in which an employee carries their valid license, at their own cost, prior to driving an Olds College vehicle. Alberta is only capable of validating Alberta Drivers Licenses.

YEARS LICENSED: \_\_\_\_\_ CLASS OF LICENSE: \_\_\_\_\_

DRIVERS TRAINING CERT (IF APPLICABLE): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

For internal use only:

INSURANCE ADMINISTRATOR APPROVAL \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return this form to:** The Controller, located in Business Services, DMP or [businessservices@oldscollege.ca](mailto:businessservices@oldscollege.ca).