Appendix A

Risk Management Team

www.alaska.edu/risksafety

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:

- x Driving on UA business is required by the official job description
- x A UA vehicle has been assigned for their use

To complete this section		
Name:	Date of Birth:	Age:
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	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.
	Name (printed):
	Signature: Date: