

**Environmental Health and Safety  
Fifteen Passenger Van Training Request**

| <b>Employee Information</b> (Please Type or Print Legibly)   |  |  |
|--|--|--|
| <b>Date:</b>   | <b>Telephone:</b>                                    |  |
| <b>Name: (As it appears on driver license)</b>   | <b>Your Job Title:</b>                               | EH&S<br>Verified<br><input type="checkbox"/> |
| <b>UF ID#</b>  | <b>Department:</b>                                   |  |
| <b>Work P.O. Box:</b>  | <b>Department Contact/Supervisor:</b>                |  |
| <b>E-Mail:</b>   | <b>Supervisor E-Mail &amp; Phone #:</b>              |  |
| <b>Driver License Information PLEASE PRINT LEGIBLY</b>   |  |  |
| <b>Driver License Type:</b><br>(Check One)   | <input type="checkbox"/> <b>CDL</b>                  | <input type="checkbox"/> <b>Class E</b>      |
|  | <input type="checkbox"/> <b>Other (specify)_____</b> |  |
| <b>Driver License Number:</b>  | <b>Date of Birth:</b>                                | <b>License Expiration Date:</b>              |
| <b>Is Your Driver License Issued by the State of Florida?</b>  |  |  |
| <input type="checkbox"/> <b>Yes – Complete the following:</b>  |  |  |
| <input type="checkbox"/> <b>No – Complete the following:</b>   |  |  |
| <b>1. Attach a photocopy of your license to this form.</b>   |  |  |
| <b>1. What State issued your license? _____</b>  |  |  |
| <b>2. Attach a photocopy of your license to this form.</b>   |  |  |
| <b>Have you had any traffic violations within the past three years?</b>  |  |  |
| <input type="checkbox"/> <b>Yes (If Yes, include type of violation and approximate date.)</b>  |  |  |
| <input type="checkbox"/> <b>No</b>   |  |  |
| <hr/>  |  |  |
| EH&S<br>Verified<br><input type="checkbox"/>   |  |  |
| <p><b>“I certify and attest that the above information is accurate and true to the best of my knowledge and that I have not knowingly excluded nor provided misleading information.”</b></p> |  |  |
| <hr/>  |  | <hr/>  |
| <b>Signature</b>   | <b>Date</b>  |  |
| <b>Training Information</b>  |  |  |
| <b>Training Date:</b>  | <input type="checkbox"/> <b>CD</b>                   | <input type="checkbox"/> <b>Classroom</b>    |
| <b>Score:</b>  | <b>Verified by (Signature):</b>                      |  |

**Return Completed Form to:**  
 UF/Environmental Health & Safety  
 Attention: Courtney Moore  
 P.O. Box 112190, Gainesville, FL 32611  
 E-Mail: vantraining@ehs.ufl.edu  
 Phone: (352) 392-1591  
 Fax: (352) 392-3647