

**APPLICATION FOR APPROVAL
TO BE PLACED ON NAVARRO COLLEGE INSURED DRIVERS LIST**

NAME (Please Print): _____
Last Name First Name Middle/Maiden

Texas Driver's License #: _____ License Expiration Date: _____

NCID #: _____ Date of Birth (Month/Day/Year): _____

CIRCLE ONE:

Full-Time NC Employee Part-Time NC Employee **Other _____
 **Other must be approved through Human Resources.

COLLEGE DEPARTMENT: _____
Department Name Department Approval

PURPOSE FOR APPROVAL: _____

Have you had any violation in the past three (3) years including any that you have taken a defensive driving course to remove from your driving record? Yes No

Have you had any serious violations in the past five (5) years? Yes No

Type of Violation	Month/Year

I, _____, hereby certify that the above information is accurate and
(Please Print)

Complete and acknowledge that this information is subject to verification. I also hereby certify that I grant access to my Driving Records, inclusive of the personal information (names, address, driver identification number, etc.) to Navarro College:

Signature: _____ Date: _____

Witnessed by: _____ Position: _____

Date Submitted for MVR Check: _____ MVR Rating: _____

Please complete form and submit with a copy of Driver's License to Navarro College Department of Public Safety.

Please drop of at Department of Public Safety or email to ncpd.assistant@navarrocollege.edu