



UNIVERSITY OF NEW ENGLAND

AUTHORITY TO DRIVE UNIVERSITY MOTOR VEHICLES
For conditions of use of University vehicles please refer to the University Motor Vehicle Policy

Please forward application to the Motor Pool Supervisor on Fax Number 2227 with a clear photocopy of your Drivers Licence attached.

Nature of Appointment at UNE: Staff Student Visitor

Other Please Specify:

Full Name of Applicant:

Address of Applicant:

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Date of Birth of Applicant:

Applicant's Drivers Licence (Please forward a copy with this Application)

Licence Number: State or Country of Issue:

Licence Class: Expiry Date:

Arrival Date in Australia if Non Resident:

Authority is required to drive: (2 Wheel Drive Vehicles / 4Wheel Drive Vehicles/ Trucks/ Buses etc)
If authority for 4WD is requested, please include a history of 4WD experience

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Directorate / Faculty / School:

Telephone No: Fax No:

Reason for Requiring Authorisation:

I have read and agree to the terms and conditions of the University of New England's Motor Vehicle Policy

Signature of Applicant: Date:

I confirm the above details are true and correct

*****Applicant's Head of Directorate/Faculty/School Signature:**

Print Name: Date:

*****I have reviewed the Licence documentation of the above named member of my Directorate/Faculty /School and grant them authority to drive University vehicles.**