



## UTD Office of Institutional Risk & Safety Programs Motor Vehicle Report Request

### EMPLOYEE

Full Name

Email

Department

Supervisor Name

UTD NetID (example: abc220001)

Job Title

Date of Birth

TEXAS Driver's License #

### DRIVING HISTORY

State(s) where license was issued for **past three (3) years** \_\_\_\_\_

**YOU MUST SUBMIT A COPY OF YOUR  
TEXAS DRIVER'S LICENSE WITH THIS FORM**

**TRAINING REQUESTED - All drivers must complete Safe Driver training, plus supplemental specialized training as warranted**

Golf Cart Training

Passenger Vehicle Training

12+ Passenger Van Training

### Acknowledgment

**I acknowledge the following: (1) As an employee of UTD, I must maintain a valid Texas driver's license and a good driving record in order to drive University-Owned vehicles. (2) If I acquire four (4) points on my driving record, I will not be eligible to drive a University-Owned vehicle. (3) I must adhere to all UT System policies and UTD policies and procedures regarding driving a University-Owned vehicle. (4) If I am involved in an accident in a University-Owned vehicle, I must report it to the police and to UTD Risk & Safety, and cooperate with UTD personnel as needed.**

\_\_\_\_\_ Employee Initials

#### Privacy Statement

Disclosure of your Texas Driver's License number, UTD ID, and date of birth are requested as part of the University of Texas System requirements for obtaining your Motor Vehicle Report. Your Texas Driver's License number, UTD ID, and date of birth are also used to identify you within the UT System Risk Management Driver's Information System. Further disclosure of this information will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).

Email completed form with copy of your Driver's License to [MVR@utdallas.edu](mailto:MVR@utdallas.edu)