Departmental Authorization Form for University Operators Transportation Services

		SF	PEED TY	PE#						
Department/Affiliated Group Name					((Only one account per form)				
University Operators mu	ıst be CU	employees. Befor	e submitt	ing this form, make sure you	ur employees	have been entered	d into HCM.			
	kill Soft a	at no charge and yo	ou must a	ersity vehicle is required to t ttach DDC certificates for ea						
				senger van is required to tak ommended, in addition, and						
This form also grants Fu	iel Card (System access for	Universit	y vehicles. If fuel access is	not desired p	lease note that.				
Driver Name	DOB	Driver License Number & State	Exp. Date	Email Address	Campus Box #	DDC Certificate attached? (Y/N) (DDC is required for all drivers)	15 Passenger Van online course Taken? (Y/N/na)	15 Passenger Van one hour road test passed? (Y/N/na)	Employee ID (required)	
				unt listed above, acknowledonce deductible charges. The						

(Signature of Department Head or Responsible Person)