



This form is to be kept on file within the Faculty/School/Division as a reference for the Head of School and for those Finance Officers who authorise vehicle bookings

A. REQUESTOR DETAILS

Faculty/School/Division		Section	
Contact Name		Phone No.	

B. DRIVERS PARTICULARS

Full Name of Applicant		Date of Birth	
Address			
Email Address			
Staff/Student No.			
Position of Applicant (UQ)			

C. DRIVER LICENCE DETAILS

Licence No.		Expiry Date	
Licence Class			
Country of Issue			

D. SIGNATURE OF DRIVER

I, the applicant, will provide advice to the Approving Officer of any change to my Licence which restricts my ability to legally drive. I confirm the above details to be true and correct.

Signature		Date	
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E. SIGNATURE OF APPROVAL

I have reviewed the licence documentation of the above named member of my Faculty/School/Division, and grant them authority to operate a University vehicle.

Head of School Name			
Head of School Signature <i>(Executive Dean/Head of School/Division)</i>		Date	