Vehicle Reservation Request

Date Submitted:	Time Submitted:	
Group Name		
Primary Contact:		
Email Address:		

Driver 1 Name:	UNG ID #:	
Driver 2 Name:	UNG ID #:	

Driver Agreement
certify that I meet the following qualifications to drive the Campus Recreation and Wellness vans
O I am at least 21 years of age
O A current completedGeorgia DOAS Risk Management Motor Vehicle Traintegtificate is attached to this form.
O I have never been convicted of reckless driving
O I have never been convicted of driving while intoxicated.
O I have not exceeded one atault accident or one moving violation.