



**Environmental Health and Safety
Fifteen Passenger Van Training**

Employee Information (Please Type or Print Legibly)		
Date:	Work Telephone:	
Name: (As it appears on driver license)	Your Job Title:	
Director/Chairperson:	Department:	
Work Address:		
Driver License Information		
Driver License Type: (Check One)	<input type="checkbox"/> CDL	<input type="checkbox"/> Operator
		<input type="checkbox"/> Other (specify)
Driver License Number:	Date of Birth:	License Expiration Date:
Is Your Driver License Issued by the State of Florida?		
<input type="checkbox"/> Yes <input type="checkbox"/> No-- If No, complete the following: <ol style="list-style-type: none"> 1. What State is your license issued? _____ 2. Attach a photocopy of your license to this form. 		
Have you had any traffic violations within the past three years?		
<input type="checkbox"/> Yes (If Yes, include type of violation and approximate date.) <input type="checkbox"/> No		
_____ _____		
<p>“I certify and attest that the above information is accurate and true to the best of my knowledge and that I have not knowingly excluded nor provided misleading information.”</p>		
Signature _____		Date _____
Training Information		
Training Date:	<input type="checkbox"/> CD	<input type="checkbox"/> Classroom
Score- Part 1:	Verified by (Signature):	
Score- Part 2:	Verified by (Signature):	

Return Completed Form to:

UF/ Environmental Health and Safety
 Attention: Vanessa Fayo,
 P.O. Box 112195, Gainesville, FL 32611
 E-Mail: vfayo@ehs.ufl.edu
 Fax: (352)- 392-3414