

**STOCKTON UNIVERSITY  
ANNUAL DRIVER'S LICENSE VERIFICATION AND SELF DISCLOSURE FORM**

*Only employees of Stockton University, with valid driver's licenses, are authorized to operate university-owned vehicles, as only they are afforded protection under the New Jersey Tort Claims Act. Any individual who is on the Stockton University payroll is considered an employee, including student workers who have driving responsibilities within their job descriptions. An employee's use of a university vehicle must be within the scope of their employment and for official University business only. Personal use of University vehicles is not permitted.*

<b>NAME:</b>	
<b>Z NUMBER:</b>	
<b>HOME ADDRESS:</b>	
<b>PHONE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	
<b>DEPARTMENT:</b>	
<b>DEPARTMENT SUPERVISOR:</b>	
<b>DRIVER'S LICENSE TYPE: (Auto, Truck or Bus)</b>	
<b>DRIVER'S LICENSE NUMBER:</b>	
<b>STATE OF ISSUANCE:</b>	
<b>EXPIRATION DATE:</b>	
<i>Type of vehicle(s) to be driven (check all that apply)</i>	<input type="checkbox"/> 15-Passenger Van <input type="checkbox"/> Car <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Regular Van <input type="checkbox"/> GEM <input type="checkbox"/> CDL Truck/Bus
<i>Please check the applicable statement (Only employees and student workers are permitted to drive a University-owned vehicle)</i>	<input type="checkbox"/> I am a Stockton employee or Student Worker <input type="checkbox"/> I am not a Stockton employee or Student Worker

*I understand that by submitting this form, along with a clear photocopy of my current driver's license, I authorize The University to obtain an abstract of my driving history. Further, I understand that if my abstract is found not to be in good standing, and/or if I am found to not have a valid driver's license, I will not be allowed to drive any University vehicle, regardless of my specific job requirements.*

*Further, I understand that I must immediately (within 3 days – or before the use of a University vehicle) disclose to the University all moving violations that occur between the annual driver's license checks.*

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*Employee Signature*

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*Date Submitted*

**PLEASE ATTACH A CLEAR PHOTOCOPY OF YOUR CURRENT  
DRIVER'S LICENSE TO THIS FORM**