

Vehicle Operation Training

Longwood University Police Department

I understand the below listed information regarding the Longwood University Vehicle Operation guidelines, and I have had the opportunity to ask for clarification of all items. Furthermore, I understand that a signing this document grants permission to the Longwood University Police Department to access my driver's history information.

1. I have authorized the Longwood University Police Department to validate the status of my driver's license and access my driving history prior to being allowed to operate a university vehicle. I understand my driver's history will be evaluated according to the attached criteria and I may not be permitted to operate a university vehicle.
2. I agree that I will wear my seat belt, IT IS THE LAW!
3. I am aware that smoking and the consumption of alcoholic beverage in state owned vehicles are prohibited.
4. I will only use a hands-free cellular telephone while operating the vehicle. I will not use a handheld cellular telephone.

Printed Name: _____

Signature: _____

Social Security or VA DMV Customer #: _____

Date of Birth: _____

Approved Disapproved Date: _____

Signature: _____

Col. Robert R. Beach

Chief of Police