



**Motor Vehicle Report Request
Risk Management
Environmental Health & Safety**

EMPLOYEE

Full Name _____

Email _____

Department _____

Supervisor Name _____

UTD Extension _____

Job Title _____

Date of Birth _____

Driver's License # _____

DRIVING HISTORY

State of License for past three (3) years _____

TRAINING REQUESTED

Golf Cart Training _____

Driver Training _____

12 Passenger Van Training _____

ATTACH A COPY OF YOUR DRIVER'S LICENSE

Privacy Statement

Disclosure of your Texas Driver's License number, UTD ID, and date of birth are requested as part of the University of Texas System requirements for obtaining your Motor Vehicle Report. Your Texas Driver's License number, UTD ID, and date of birth are also used by EH&S to identify you within the UT System Risk Management Driver's Information System. Further disclosure of this information will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).

Email completed form to vehiclesafety@utdallas.edu or drop off form at Risk Management and Environmental Health & Safety ([SG 1.212](#)).
If you have any questions, please contact Annette Rogers at annette.rogers@utdallas.edu or 972-883-2369.