

York University Driver Profile Form

(PERSONAL AND CONFIDENTIAL)

If you have any questions, contact Risk Management Services (riskmgmt@yorku.ca)

Driver: Please complete and present this form to your immediate supervisor or department head/designate. The requested information is required to obtain insurance and verify insurance coverage in the event of an accident or incident resulting in a claim. Once you have been added to the Approved Driver's List, you will be insured any time that you are driving a York University vehicle that is being driven on University business.

Supervisors/Department Head/Designate: Please authorize this form and return to Risk Management Services

Driver Information					
Last Name:		First Name:			
Department:		Driver's Licence #:			
Province of Issue: ONTARIO	Class:		Expiry (۲۲۲۲/	MM/DD):	
Types of Vehicles Driven: Golfcar	t/Utility Cart	Private Pass.,	/Lt Comm.	Heavy Com	m. Bus
Driver Record					
Licenced since (year): Current # of demerit points on your licence: (Drivers begin with "O" and accumulate points for control of the control of					
Have you been involved in any automobile accidents in the previous 3 years?				Yes	No
Do you have any impending driving infractions?				Yes	No
Has your licence ever been suspended?				Yes	No
them. Failure to maintain a valid licence claim arise and is a punishable offence 2. Drivers must immediately inform their so not limited to: suspensions, increase/re information must be communicated to licertify that the information contained her to York University to retain, use and discloinformation to its insurers from time to time Service Ontario (both upon the receipt of the University, to verify the driver remains in general service.	under the Ontario supervisors of a sign duction in demeri Risk Management rein is true an accose this informatione and using the inhis application an	Highway Traff gnificant chang t points, medic Services as so curate to the bon for insurance formation to conformation to conf	ic Act if convice in their stated review, concorded on as possiblest of my knowe purposes, obtain a driverse.	icted. tus as a driver – prective lenses, le. owledge. I give including disclo	including but etc. this my permission osing the stract) from
Driver's Signature:	Date Signed:				
THIS FORM MUST B	E SIGNED BY A	DEPARTMEN	T HEAD/DE	SGINATE	
Signature for Authorization:	gnature for Authorization:		Date Signed:		
Print Name of Signing Authority:	Expiry Date for Driver:(If applicable)				

(Revised July 2024)