

## **Risk Management Defensive Driver Registration Form**

Legal First & Last Name			
(As it appears on your			
current valid driver's			
license):			
CSUDH email address:		CSUDH 4-digit office extension:	
Department Name:		Department 4-digit ID:	
Supervisor's Name:			
I am in possession of a valid California or other State driver's license. I certify that I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve-month period.  Driver's Signature:			
Division Name: Check One		Employment Type: Check One	
Academic Affairs (AA)		Staff Employee	
Administration and Finance (AF)		State Faculty Employee	
Information Technology (IT)		Student Employee/Assistant	
Loker Student Union (LSU)		Student Volunteer	
President's Office (PO)			
Student Affairs/Athletics (SA)		Other Volunteer	
University Advancement (UA)			
What type of vehicle will	you be driving on university		
business?			
If you selected a motor vehicle, how often do you plan			
to drive a vehicle on university business?			
If powered cart only, how often do you plan to drive a			
powered cart, and for what reason?			
Do you have a driving stipulation on your position			
description in Human Resources?			

## Please attach the following required documents to this form and submit them via Dropbox.

- 1. A copy of your current valid driver's license
- 2. EPN Form (INF 1101)
- 3. State of CA Form <a href="STD 261">STD 261</a> (only if you intend to drive a private vehicle).

  \*Note: your paperwork will not be processed until all required documents are received.