

Environmental Health and Safety Fifteen Passenger Van Training Request

Employee Information (Please Type or Print Legibly)					
Date:		Telephone:			
Name: (As it appears on driver licen	ase)	Your Job Title:		EH&S Verified	
UF ID#		Department:	Department:		
Work P.O. Box:		Department Conta	Department Contact/Supervisor:		
E-Mail:		Supervisor E-Mai	Supervisor E-Mail & Phone #:		
Driver License Information PLEASE PRINT LEGIBLY					
Driver License Type: (Check One)	CDL	Class E	Other (specify)		
Driver License Number:		Date of Birth:	License Expiration Date	:	
Is Your Driver License Issued by the State of Florida? Yes – Complete the following: 1. Attach a photocopy of your license to this form. No – Complete the following: 1. What State issued your license? 2. Attach a photocopy of your license to this form.					
Have you had any traffic violations within the past three years? Yes (If Yes, include type of violation and approximate date.)					
<u></u>				EH&S Verified	
"I certify and attest that the above information is accurate and true to the best of my knowledge and that I have not knowingly excluded nor provided misleading information."					
Signature		Date			
Training Information					
Training Date:	☐ CD		Classroom		
Score:	Verified by (Signature):				

Return Completed Form to:

UF/Environmental Health & Safety P.O. Box 112190, Gainesville, FL 32611 E-

Mail: vantraining@ehs.ufl.edu

Phone: (352) 392-1591 Fax: (352) 392-3647

The Foundation for The Gator Nation An Equal Opportunity Institute