

Date. _____



CGA VEHICLE MVR REQUEST

If your organization will be using CGA vehicles, submit the name of one driver, 21 years of age or older. Provide name, social security number, date of birth, operator's license number, and issuing state. **THE \$20.00 FEE FOR OPERATOR'S MVR MUST ALSO BE INCLUDED.** Each operator must be cleared by the insurance company, based on their motor vehicle record. No one will be able to drive until the clearance has been received. This process can require UP TO 10 DAYS.

Please return this form to the COMMUNITY ACTIVITIES OFFICE, ROOM 428 KEHR UNION, WITH PAYMENT, **CHECKS MADE PAYABLE TO: CGA, INC.** If you have a CGA or Husky Account and would like your account charged, please write the account number and the name of the fund to be charged below.

If you should have any questions concerning this request, please feel free to contact the Community Activities Office at 389-5125.

Driver's Name: _____

Date of Birth: _____ BU ID# _____

Operator's License Number and State _____

Organization(s) you will be driving for: _____

List below any accidents, violations, suspension of license or other irregularities with your driving record for the last 5 years.

Organization Paying _____ Account# to Invoice or Cash _____

Requested by:

Faculty Advisor/Administrator

Signature

Telephone#

Signature

Telephone#

COMPTROLLER/DESIGNEE