

GSD O/S VEHICLE WAIVER FORM

Waiver Type: _____ Out-of-state
_____ Out-of-Country
_____ non-state employee passenger
_____ Prior to DDC Certification

Waiver Validity:

_____ Current FY
_____ Upcoming FY
_____ Choose dates: _____ TO _____
Date Date

Destination: State: _____ City: _____

Purpose of Travel: (cut and paste justification)

Driver Information (complete Information for each Driver):

Name: _____
Employee ID#: _____
DL State of Issuance: _____ DL# _____
Defensive Driving Course: (Attach copy) _____
DL Check (for Out of State Drivers): (Attach Copy) _____

of Passengers: _____

Requested By: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Date Submitted to GSD: _____ Date approved: _____