Van Driver Training Registration

Date: _____

Requested By:

Department: _____
Supervisor's name: _____
Supervisor's email: _____
Supervisor's phone: _____
Requested class date:_____

Classes are typically held on the 1st and 3rd Thursday of each month. If it is not possible to attend on either of these dates, please contact Rod Moran to schedule an alternative class.

Please list class attendees below.

EMPLID or Student ID	Driver's Name	Driver's Email	Is Driver approved by Risk Management?

Payment

I authorize Facilities to charge the account below for the van safety training of the listed

attendees. Fee for Van Safety Training is $25.00 per person.

Account Number: _____

Amount to charge: _____

Signature: _____

If signing electronically use "submit registration" button to send the form.

If printing to sign, send scanned copy to van.training@unt.edu

Submit Registration

Internal Use Only

Drivers verified	
Class date	