

UNIVERSITY OF MIAMI DEPARTMENT OF RISK MANAGEMENT

MVR REQUEST FORM

(Motor Vehicle Report)

To complete this form, please do the following (**Note: processing takes 3-5 Business Days**):

1. Fill out every relevant blank.
2. Blanks marked with an (*) **must** be completed or the form will not be processed.
3. Once completed, print out form, sign and **FAX (305-284-3405)** or **Scan** and **Email: riskmanagement@miami.edu**

Please review our privacy statement (http://www.miami.edu/index.php/privacy_statement/) relating to gathering personal information before proceeding.

A. Driver Information:

* Last Name: _____ * First Name: _____ Middle Initial: _____
* Email: _____ * Driver's License#: _____ * State License Issued: _____

B. Department Information:

Driver Category: _____ * Department: _____ * Department Account #: _____
Department Contact: _____ * Department Phone: _____ * Supervisor: _____
(Person to be contacted with results)

* C. Driving Information:

* Driving Status (Select One): Permanent Driver _____ Temporary Driver _____
* Purpose: _____ Please Explain: _____ If Temporary Driver, list dates of service: _____
* Vehicle Type _____
* Permission Granted by: _____ Signed: _____ Date (mm/dd/yyyy): _____
(Person responsible for vehicles in Department)
* Operating a UM Affiliated Vehicle with a trailer? Yes _____ No _____
If yes, please do the following:
1. List the UM Affiliated vehicle to be used with the trailer: Make: _____ Model: _____ Year: _____ Tag #: _____
2. Review of "Use of Trailers" in the document, **UM Fleet Safety/Vehicle Management**
Please see University of Miami PolicyStat: (umiami.policystat.com), look under "UM Fleet Safety/Vehicle Management".
3. Contact Loss Control Manager for training schedule.
* Operating a UM Affiliated Recreational Vehicle (RV)? Yes _____ No _____

Signatures and Documentation

To be completed by potential driver:

I _____ hereby authorize the University of Miami Department of Risk Management to obtain a copy of my driving record as described above.

Signature: _____ Date (mm/dd/yyyy): _____

Please note: *The Department of Risk Management is not authorized to run MVR's for the following states: AK, AR, AZ, CA, NH, PA, WA, WV (MVR) information is only released to the state licensed person/driver.*

Please contact The Department of Risk Management with any questions or concerns at (305) 284-3163 or by email: riskmanagement@miami.edu.