

University of Wisconsin Oshkosh
Out-of-State Driver Authorization Form

Date _____

I, _____, hereby swear that I have had no more than two (2) moving traffic violations and/or accidents within three (3) years of this date. I hold a valid driver's license issued by the State of _____. License # _____.

Date of Birth:

Department driving for: Geology Department

Campus Address: _____

Home Address:

Signature

State of Wisconsin
County of Winnebago

Subscribed and sworn before me this _____ day of _____ 20____.

Notary Public

**Please return to the Fleet Vehicle Office.
Facilities Management Center, Rm. 102
(920) 424-0219**