



SUNY Cobleskill



William W. Henn
Chief of Police

NEW YORK STATE UNIVERSITY POLICE
Johnson Hall

Office 518-255-5317
Fax 518-255-5666

I, _____, hereby authorize University Police to verify my driver's information. This is a DMV record check to determine my eligibility to drive a College owned/leased/rental vehicle. This is also authorization for University Police to enroll me in the License Event Notification (LENS) Service that will notify University Police of any Motor Vehicle Convictions.

Drivers License ID #: _____ State License Issued in: _____

Name: _____
Last First Middle Initial

Address: _____
Street # City State Zip

Date of Birth: ____/____/____ Circle One: Male / Female

Please Check One & Describe:

Faculty Department: _____ Staff Department: _____

Student Class Needed for: _____ Other Please Specify: _____

SUNY Cobleskill reserves the right to deny a person the privilege to operate a State owned/leased van in cases, when such denial is in the best interests of the University. Please check yes or no and initial each line below confirming you have had none of the convictions listed. If any of the convictions below apply to you, your LENS form may be denied.

- Have you been convicted of any violation involving the use of alcohol or drinking or drugs while operating a motor vehicle during the past 36 month period? Yes No Initial _____
- Have you been convicted of more than three moving Vehicle and Traffic Law violations during the past 12-month period? Yes No Initial _____
- During the past 24-month period, have you been involved in 2 or more accidents that resulted in a conviction from violating a provision of the vehicle & traffic law that contributed to an accident? Yes No Initial _____
- Have you been convicted of reckless driving in the past 36-month period? Yes No Initial _____
- Have you been convicted of leaving the scene of an accident or failure to report an accident during the past 36-month period? Yes No Initial _____
- Have you been convicted of vehicular assault? Yes No Initial _____
- Have you been convicted of vehicular manslaughter? Yes No Initial _____

I understand it is my responsibility to report to University Police if any of the above become applicable at any time while I am enrolled in LENS program and approved to operate any SUNY Cobleskill fleet vehicle. I also understand that if I misrepresent any answers in this document it may be punishable as a crime under NYS Penal Law.

Signature: _____ (Needs to be original, signed in pen) Date: _____