PLEASE COMPLETE AND RETURN TO THE PARIS JUNIOR COLLEGE DEPARTMENT OF PUBLIC SAFETY

Name_____
Last First Middle
(As it appears on your drivers license)

Drivers License Number_____State_____

Social Security Number_____

Date of Birth_____

Department_____Supervisor_____

Faculty_____Staff_____Student_____

(You must answer all four questions)

1. I (will/will not) be driving a college vehicle this college year.
2. I will make approximately (_____) trips this school year.
3. I have (_____/NO) moving violations (tickets) in the last three (3) years.
4. I have (_____/NO) accidents in the last three (3) years.

_____
Signature Date