



# Cornell University Fleet Services

798 Dryden Road  
Ithaca NY 14850-2814  
T: 607.255.3247  
F: 607.255.8405  
fleet@cornell.edu  
www.fleet.cornell.edu

Name \_\_\_\_\_  
Last \_\_\_\_\_  
First \_\_\_\_\_  
MI \_\_\_\_\_  
Fiscal Year \_\_\_\_\_

## Fleet Services Registration Form

- Please print clearly or type information and bring this form, along with your drivers license, to Fleet Services at 798 Dryden Road. All fields must be completed or your form will not be accepted.
- You will receive a CUFS registration card to present along with your drivers license *each time you use this service.*
- The form will remain on file until the end of the current fiscal year (June 30), at which time it—and your registration card—will expire. You may renew your registration beginning July 1.

I am registering as a:  Driver/ Vehicle Requestor  Vehicle Requestor Only

Affiliation:  Faculty  Staff  Student Employee

Name (print) \_\_\_\_\_ CU ID# \_\_\_\_\_  
Last First MI

Department \_\_\_\_\_ Department Code:

Department Account Number: \_\_\_\_\_

Campus Address \_\_\_\_\_

Campus Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### *License Information (must be completed only if you will be driving a fleet vehicle)*

State/Country \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I agree to abide by the CUFS policies ([http://www.fleet.cornell.edu/Fleet\\_rules.html](http://www.fleet.cornell.edu/Fleet_rules.html)). I have also submitted a Driver History Questionnaire to the department of Risk Management within the last three years. I understand that negligent or irresponsible use of the vehicle or failure to comply with Fleet policies will result in the loss of my driving privileges.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

### *Authorizing Supervisor's Approval*

This registration approved for:  Driver/ Vehicle Requestor  Vehicle Requestor Only

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Supervisor's Name: \_\_\_\_\_

Campus Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

<b>Fleet Representative:</b> _____ initials <input type="checkbox"/> Driver's Registration Card issued. Date: _____	<b>Notes:</b>
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