PCC DRIVER NOTIFICATION FORM (DNF)

PLEASE PRINT CLEARLY and COMPLETE ALL B0XES

Employee **NAME**:	Today's **DATE:**
Employee's PCC **DEPARTMENT**:	 **PCC "G" No**:
Employee's Job **TITLE:**	**PCC Email:**
CAMPUS MAIL ADDRESS: (i.e. SY CC 123)	**CAMPUS** **PHONE:**
SUPERVISOR Name:	Supervisor **PHONE:**

* * * DRIVER LICENSE – Attach a clear copy of Driver's License * * *

Issuing *State	***Driver License Number***	***License Expiration Date***	***Date of Birth***	***Color of Eyes***

* If residing in the **State of Washington** a 2nd form, **WA** Dept of Licensing (required for Washington drivers), must accompany this form. **(*Note: If including WA Dept of Licensing form, complete only the first 2 lines, then sign at the bottom; college will include appropriate fee and insert return address.*)**

**** CDL Required** for PCC Employment? [ ] YES [ ] NO	**If YES,** *Supervisor, please initial here* ►►	

ACCIDENT, CONVICTION, VIOLATION—List any within last 5 years (*exclude parking tickets*)

Date Occurred	*What County?*	*Type & Description of accident, conviction, violation:*

Has your Driver's License ever been Suspended or Revoked? YES [__] NO [__]
*If **YES**, Attach an information sheet to this form explaining When, Where and What happened…*

By my signature herein I give Portland Community College permission to request my driving history from Department of Motor Vehicles to determine my eligibility to drive for the College.

X_____ X_____
EMPLOYEE'S Signature **DATE**

X_____ X_____
SUPERVISOR'S Signature *authorizing employee to drive for PCC* **DATE**

****** ***If** CDL certification required for employment attach copy of front and back of Employee's Driver License*

Revised: April 2016 *Forward form(s) to Risk Services: Attn: Juanita—DC 2nd Floor*