



Check Status: Faculty
 Staff
 GA/TA/Doc
 Student
 Volunteer

REQUEST FOR WAIVER OF DEFENSIVE DRIVING CERTIFICATE

Name (Please Print): _____

Department: _____ Extension: _____

California Drivers License #: _____ Expiration Date: _____

Date of Birth: _____ Red Id: _____

“I am in possession of a valid California driver’s license. I certify that I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three there) during the past twelve month period.”

Employee Signature: _____ (Date) _____

Employee Email: _____

* In order for your waiver to be valid, the University Police Defensive Driving Coordinator must receive your completed waiver request, Authorization to Use Privately Owned Vehicle (STD 261 form) if driving personal vehicle, current California Drivers License and proof of automobile insurance. These documents will be maintained in University Police as part of the Employee Pull Notice Program. You must also sign up and attend the next available Defensive Driving class.

Supervisor’s Acknowledgement of Waiver Request: _____ (Email)

(Please Print Name)

(Signature)

(Date)

University Police Use Only:

Defensive Driving Certificate is waived: Yes _____ No _____

Defensive Driving Coordinator’s Signature:

(Signature)

(Date)

*Please Return to:
Parking Services in person
due to confidential nature*



University Police
Telephone: (619) 594-6671
www.police.sdsu.edu
 Revised 03/12/13