

Parking & Transportation Services  
Phone 619-594-6671  
Fax 619-594-1015



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: \_\_\_\_\_

“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: \_\_\_\_\_ Red Id \_\_\_\_\_

\* In order for your waiver to be valid, the Defensive Driving Coordinator must receive your completed waiver request, and the DMV Authorization Form. These documents will be maintained in Parking & Transportation Services as part of the Employee Pull Notice Program. You must also complete the online Defensive Driving course.

Supervisor’s Acknowledgement of Waiver Request: \_\_\_\_\_ (Email)

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)

Will this employee need mileage reimbursement? Yes \_\_\_\_\_ No \_\_\_\_\_ (Must be checked)

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### ***Parking & Transportation Use Only:***

Defensive Driving Certificate is waived: Yes \_\_\_\_\_ No \_\_\_\_\_

Defensive Driving Coordinator’s Signature:

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)