



UA DRIVER AUTHORIZATION (Category 1 Drivers)

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This form is to be completed at least annually for individuals for whom any of the following apply:
Driving on UA business is required by the official job description
A UA vehicle has been assigned for their use

To complete this section		
Name:	Date of Birth:	Age:

	<p>I certify I am in compliance with all licensing and insurance requirements for the State of Alaska. I agree to notify my supervisor, by the next working day, of any changes to my compliance status, any moving violations I may receive, and to IMMEDIATELY notify my supervisor of any accidents.</p>
Name (printed):	
Signature:	Date:

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
COMPANY RELEASE FOR MULTIPLE DRIVING RECORDS BY MAIL

Company or Business Name (Please Print)