Risk Management Team



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:

I certify I am in compliance with all licensing and insurance requirements for the State of Alaska. I agree to notify my

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

Company or Business Name (Please Print)