

# Driver Renewal Form

This form should be completed if you have previously completed the Driver Application form and you have not completed either the Driver Application form or this Driver Renewal form in the last year.



The University of Surrey  
**Students' Union**

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First Name	Last Name
Date of Birth	Email Address
Contact No (mob)	URN (if student)
Driving Licence #	
Date Test Passed	Country of Issue
Union Licence #	Union Vehicle Class

Do you wish to be on the volunteer driver email list?

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I declare that the above particulars are true and correct to the best of my knowledge

I declare that I have not developed any physical or mental defects that I have not already declared to the Students' Union

I declare that I have not acquired any motor accidents or made any claim that I have not already declared to the Students' Union

I declare that I have not acquired any motoring convictions that I have not already declared to the Students' Union

I declare that I have not been refused insurance or had special terms imposed that I have not already declared to the Students' Union

I agree to comply with the requirements of the University of Surrey Students' Union Minibus Handbook

I agree to pay any fines incurred by me whilst driving any vehicles owned, leased or hired by the Students' Union (including but not limited to speeding, parking, congestion charge or as listed in the minibus handbook)

I agree to pay the excess incurred in the event of an own fault insurance claim (note drivers under 21 will have a higher excess, please check with reception)

I agree to tell the Students' Union immediately should I make any motoring related insurance claim

I agree to tell the Students' Union immediately should I commit any traffic offence

I agree to tell the Students' Union immediately of any change to my medical conditions which might affect my ability to drive

I will not drive any vehicles owned, leased or hired by the Students' Union; or any other vehicle on student union business; whilst under the influence of alcohol or illegal drugs or other medication that can affect my ability to drive

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Signed:

Date:

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**Note: By submitting this form electronically I agree to all above declarations and terms**

Please submit this form either by using the 'submit form' button, or by attaching to an email to: [ussu.transport@surrey.ac.uk](mailto:ussu.transport@surrey.ac.uk)

If you do not agree with any of the above declarations, please complete and submit the Driver Application form instead.