



## 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

|                                 |                |      |
|---------------------------------|----------------|------|
| <b>To complete this section</b> |                |      |
| Name:                           | Date of Birth: | Age: |
|                                 |                |      |

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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)