

IRTF DRIVING CLEARANCE (09-05-2017)

Name: _____ Phone no.: ()

Mailing Address: _____ Program no.:

E-Mail Address:

I, _____, hereby warrant and represent that the
(Name)

following statements are true and correct:

1. I am an employee or agent of the _____ ;
(Name of Organization)
2. I have a valid driver's license issued by _____ ,
(Name of County, State or Prefecture, Country)

Which expires on _____ ;
(Date)

List restrictions on your driver's license: _____

3. I have not been arrested or convicted for driving under the influence of alcohol or driving under the influence of drugs;
4. I am familiar with the symptoms of the various illnesses which may result from high altitude and will not operate any NASA Infrared Telescope Facility vehicle if experiencing symptoms which may make driving hazardous. I agree that I will not attempt to drive under such circumstances unless no reasonable alternative exists;
5. I will obey all traffic laws of the State of Hawai'i and the County of Hawai'i.

(Date)

(Signature)

e-mail, fax or mail this form to the **IRTF Hilo office, ATTN: Imai Namahoe**

e-mail: namahoe@ifa.hawaii.edu

Fax: (808) 974-4212

Mailing Address: Institute for Astronomy – IRTF, 640 N. A'ohoku Pl., Hilo, HI 96720