

FLWO Driver's Statement

I have received and read a copy of the Vehicle Operator's Guide for the use of Smithsonian Institution/FLWO passenger vehicles in Arizona. I agree to the specified conditions.

Date: _____

Signature: _____

Print name: _____

Affiliation: _____

Address: _____

Office phone: _____

Email address: _____

Return signed form along with a copy of your automobile driver's license (**front and back**) to:

Scott Sarapa
Whipple Observatory

or

Pascal Fortin
Whipple Observatory Site Director

Email: gary.sarapa@cfa.harvard.edu
Fax: 520-879-4412

pafortin@cfa.harvard.edu
520-879-4419