

## NON-COUNTY EMPLOYEE DRIVER AUTHORIZATION FORM

PERSONAL DATA			
Full Name:	Home Address: _____ _____	Phone Number:	
WORK ACTIVITY INFORMATION			
County Department in which work activities are performed?			
Type of Duties performed for the County (i.e., volunteer, park host, etc.)			
Date work activities started for the County		Anticipated Date Activities Will Stop	
Your Supervisor's Name & Work Phone #			Ext. #
DRIVER'S LICENSE INFORMATION <i>(Current Copy of your DMV printout must be attached to this request form)</i>			
DMV License #	State:	Expiration Date:	
PERSONAL INSURANCE INFORMATION			
Insurance Company:		Agent and Telephone Number:	

I understand that if authorization is provided for me to drive County vehicles, my driving record may be investigated. I agree to abide by all motor vehicle laws and by the County's Policy governing the use of automobiles. I hereby acknowledge receipt of a copy of this Policy. I understand that my authorization to drive County vehicles is limited to the scope of permission given by the County employee to whom I report and extends ONLY TO CLASS 3 vehicles. I understand that this authorization may be revoked at any time either verbally or in writing.

(Signature of Non-County Employee)		(Date)
DEPARTMENT REQUESTING AUTHORIZATION		
(Department Head's Signature)	(Department)	(Date)
RISK MANAGEMENT ASSESSMENT		
Date Approved:	Date Disapproved:	(Risk Manager's Signature)