

INSTRUCTIONS: (1) List the name of the operator requesting authorization to use motor vehicles assigned to work location. (2) If an operator holds more than one type of license, complete a separate item number for each license held. (3) DO NOT use codes for any of the items, clearly specify type(s). (4) All fields must be completed. If not applicable enter "N/A".

SECTION I – TO BE COMPLETED BY EMPLOYEE/OPERATOR

1. NAME OF EMPLOYEE/OPERATOR:

2. EMPLOYEE/OPERATOR PHYSICALLY FIT TO OPERATE VEHICLE: YES NO

3. LICENSE NUMBER:

4. STATE ISSUING LICENCE:

5. EXPIRATION DATE:

6. LICENSE CLASS (*specify*):

7. RESTRICTIONS (*specify*):

8. VEHICLE ACCIDENTS IN THE LAST 5 YEARS (*include date(s) and details*):

9. SUSPENSION(S) OR REVOCATION(S) IN THE LAST 5 YEARS (*include date(s) and details*):

10. AUTO RELATED ARRESTS, SUMMONS, SPEEDING TICKETS, AND CONVICTIONS (*except for parking, include date(s) and details*):

I certify that the information I have provided on this form is true and accurate. I have also been advised that adverse action may be taken if this authorization is obtained through false information.

EMPLOYEE/OPERATOR FULL NAME:

EMPLOYEE/OPERATOR SIGNATURE:

DATE:

SECTION II – TO BE COMPLETED BY SUPERVISOR

I certify that I have reviewed and ensured the employee/operator has completed all fields in Part I of this form and the driver's license is valid. I have conducted safe driving orientation with the employee/operator and observed his/her driving skills. I have also informed the employee/operator that adverse action may be taken if this authorization is obtained through false information.

SUPERVISOR FULL NAME:

SUPERVISOR SIGNATURE:

DATE: