



County of San Diego

Authorization to Drive a Vehicle on County Business

Print Form

All Drivers complete Sections A and B. Complete Section C, only if applicable.

A - DRIVER'S LICENSE INFORMATION Please select one: New Enrollment Form Update

Name: *Last Name, First Name MI* Name as shown on license, if different Employee ID

Date of Birth CALIFORNIA Driver's License # License Expiration Date:

Driver's License Classification: (check all that apply) Restrictions

A B C C/H C/S C/P MI

Vehicle Insurance Expiration Date: Medical Insurance Expiration Date: (if applicable) **License Endorsements: (check all that apply)**

Hazardous Materials Doubles/Triples
 Passenger Transportation Tank Vehicle

Job Code **Job Code Title** Business Unit (Department):

B - VEHICLE USAGE AGREEMENT

Vehicle Agreement

a. I hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available my driving record to my employer, the County of San Diego. I understand that my employer will enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation or any other action is taken against my driving privilege during my employment. I understand that enrollment in the EPN program is an effort to promote driver safety, and that my driver's license report will be utilized by my employer to determine my eligibility as a licensed driver for my employment. I understand that any commercial driver's license requires my employer to enroll me in the Pull Notice Program, and that my employer also uses this program for non-commercial drivers who drive on County business.

b. I will inform my supervisor immediately in the event my driver's license expires, is suspended or revoked.

c. I will report immediately to my supervisor all on-the-job vehicle accidents whenever I am the driver, on forms designated by the County of San Diego.

d. I understand that if I am driving a County vehicle outside course and scope of my job duties, I am liable for any losses resulting from that activity.

e. I have provided accurate and current information listed above. Failure to comply with the above may be cause for the withdrawal of the authorization to operate a vehicle on County business.

Employee Signature _____
Date

C - PRIVATELY OWNED VEHICLES *For those who receive mileage reimbursement*

Driver agrees to:

a. Maintain liability insurance in force on the vehicle(s) I use on County business for at least the minimum amount required by State law and will immediately inform my supervisor in the event my insurance is cancelled. Any lapse in coverage automatically negates the authorization to drive a private mileage vehicle on County business.

b. My liability insurance will be primary coverage in the event of an accident in my personal vehicle(s).

Employee Signature _____
Date

D - APPOINTING AUTHORITY OR DESIGNEE AUTHORIZATION (DEPARTMENT USE ONLY)

INSTRUCTIONS: Complete and sign the Appointing Authority/Designee section after:

1. Checking above for accuracy and complete information.
2. Visually verifying driver's license and liability insurance information.

I hereby authorize the above-named individual to drive a vehicle on business for the County of San Diego. The individual will drive a vehicle in the driver license class for which the individual is licensed. This authorization is automatically cancelled in the event that the individual's driver's license expires, is suspended or revoked, or in the event that the privately-owned vehicle(s) used on County business is (are) not insured in accordance with California Financial Responsibility Laws as defined in the State of California Vehicle Code.

Appointing Authority or Designee Signature _____
Email Address for Receipt of Verification Notice

Name (Print) Job Title Date