AUTHORIZATION TO DRIVE RIVERSIDE COUNTY VEHICLE
OR PRIVATE VEHICLE FOR COUNTY BUSINESS

Name (Last)   (First)   (Middle)   Home Address (Street)   (City)   (Zip Code)

*Driver's License #   State   Class   Expiration Date   County Employee # (if available)   Date of Birth

Dept. & Division   Telephone #   Job Title   License Restrictions   Are you required to wear corrective lenses or contacts? (If none, write no)

Have you been issued any tickets for moving violations within the past three (3) years?   Yes ☐ No ☐
If yes, please explain _____

Have you had any vehicular accidents, regardless of fault, over the past three (3) Years? Yes ☐ No ☐
If yes, please explain_____

I hereby declare that I will:

a. Report immediately to my supervisor, manager or department head, all incidents or accidents involving a County of Riverside vehicle or my private vehicle that occurs during the course and scope of my employement; (BOS Policy D1, 6) I also agree to Complete a Confidential Report Form 942.6 available from the County of Riverside Safety Office Intranet Site, and also available on the County of Riverside Workforce Exchange website (**http://www.workforceexchange.net**) under the HR Toolbox banner

b. Inform my supervisor, manager or department head immediately if my license is amended, expired, suspended or revoked. (BOS Policy D1,6c)

c. Maintain the minimum vehicle liability insurance as required by the State of California for my private vehicle used during the course and scope of my employment; if my private vehicle is registered/licensed out of the State of California, I will obtain insurance equal to or greater than the minimum vehicle liability insurance required by the State of California for any private vehicle used while in the course and scope of County business. (BOS Policy D-1,6b)

d. Maintain routine general maintenance on vehicle and operate my private vehicle in a safe operating condition. (Safety Manual Document 4001, III Vehicle Safety Guidelines)

e. Operate a County owned vehicle in a manner that is safe and in accordance with the California Vehicle Code and the County directives/policies. Said policies are: Automotive Fleet Policy and Regulations, Salary Ordinance 440 & Safety Manual Document 4001.

I understand that failure to do any of the above may result in disciplinary action.

I acknowledge that my personal insurance is primary when using my private vehicle on County business; that I am responsible for all deductible(s) of my personal insurance. (BOS Policy D-1, 6b)

I hereby acknowledge the County may from time to time request and/or review my Department of Motor Vehicles driving record and I hereby authorize release of said information.

Signature of Employee_____   Date _____

____   I hereby authorize the above named individual to drive a County or private vehicle in accordance with the California drivers license class for which the individual is licensed. I also acknowledge that I have verified that the employees' personal vehicle is insured in compliance with requirements of the State of California. (D, 6b)

Signature_____   Date_____
        Department Head / Designee

____   I hereby cancel this authorization effective:

Signature_____   Date_____
        Department Head / Designee