

Submitting department must confirm accuracy prior to forwarding to the Safety Division.

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

Doe John 1234 Safety Way Riverside 00000

Name (Last) (As it Appears on Drivers License) (First) (Middle) Home Address (Street) (City) (Zip Code) C1234567 CA C 01/01/0001 12/12/0001 123456

Driver's License # State Class Expiration Date Date of Birth County Employee # (if available) Safety - HR (000) 123-4567 HR Tech N/A No

Dept/Agency/District & Division Telephone # Job Title License Restrictions (if any) 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 X

If yes, please explain

Have you had any vehicular accidents, regardless of fault, over the past three (3) Years? Yes No X

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 employment; (BOS Policy D-1, 6) I also agree to complete a County of Riverside Confidential Vehicle Accidents/Incidents Report Form (942.6) available from the County of Riverside Human Resource Safety Division website (http://safety.rc-hr.com/SafetyCenter/Forms.aspx)
b. Inform my supervisor, manager or department head immediately if my drivers license is amended, expired, suspended or revoked. (BOS Policy D-1,6C)
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 and operate my private vehicle in a safe operating condition. (Safety Manual Document 4001, III Vehicle Safety Guidelines); and
e. Operate a County of Riverside provided vehicle in a manner that is safe and in accordance with the State of California Vehicle Code and the County of Riverside 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 John Doe Date 01/01/0001

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. (BOS Policy D-1, 6B)

Print: Jane Doe Signature Jane Doe Date 01/01/0001 Department Head / Designee:

I hereby cancel this authorization.

All highlighted items in yellow are required to be entered before the Safety Division can process the Gen30 with the Department of Motor

Print: Department Head / Designee: Signature Date