

**EMPLOYEE REQUEST FOR AUTHORIZATION TO OPERATE A
GOVERNMENT VEHICLE**

To: _____
Supervisor's Name & Title

From: _____
Employee's Name & Title

I hereby request authorization to operate a government owned or leased vehicle. The following information is being provided for review in connection to this request:

1. Number of current valid license and state issued:

License # ID: _____ State Issued _____
2. List of arrests or summonses for violation of motor vehicle laws (excluding non-moving violations) and convictions, if any.
3. Any suspensions or revocations of his/her state license or agency driver authorization within the past 5 years?
4. Any motor vehicle accidents within the past 5 years?

I certify that the above information is complete and accurate. I understand that failing to disclose information on this request form may be grounds for disciplinary action. I also understand that I am required to notify my immediate supervisor of any moving-traffic violation as soon as practically possible after the incident occurs.

Employee Signature

Date Signed

******SUPERVISOR MUST KEEP A SIGNED COPY OF THIS REQUEST******