

EMPLOYEE DRIVER AUTHORIZATION

I. EMPLOYEE SECTION- to be completed at Insurance Briefing

Employee Name _____ Date _____
(Last) (First) (M.I.)

Address _____
(Street) (City) (State) (Zip Code)

Department/Division _____ Job Title _____

Drivers License No. _____ Date of Issue _____

DOB _____ License Type: CDL or OP Exp. date _____
(circle)

Previous State & DL No. _____ Date of Hire _____
(if applicable)

I have read and understood the Vehicle Safety Program, PPM # CW-O-004, and understand my responsibilities as a driver/operator of Palm Beach County vehicles/equipment. I certify that I have not been convicted of three moving violations or one DUI conviction in the preceding twenty-four (24) month period, in Florida or any other state. (The provision of any false information will result in immediate loss of driving privileges of County vehicles, and appropriate disciplinary action, including possible termination, will be pursued.)

Signature _____ Date _____

II. RISK MANAGEMENT/LOSS CONTROL SECTION

The above employee has met the County guidelines for operating motorized vehicles for Palm Beach County:

_____ Date _____

LOSS CONTROL PERSONNEL- (signature)

*Only top two sections are completed for authorization of vehicle under 8,000lbs. The department supervisor must complete next section if the vehicle is over 8,000lbs.

III. DEPARTMENT/DIVISION SECTION- To be completed by the immediate supervisor. (please check all that apply)

Employee will operate vehicles which are classed as follows:

Class D (Non-Commercial License) _____

(over 8,000lbs., but under 26,000lbs. w/o endorsements) _____

C.D.L. Class A (Combination over 26,000 lbs.) _____

C.D.L. Class B (Single over 26,000lbs.) _____

C.D.L. Class C (Single over 8,000 w/endorsements) _____

C.D.L. Air Brake Endorsement _____

C.D.L. Passenger Transport Endorsement _____

C.D.L. Tank Vehicle Endorsement _____

C.D.L. Hazardous Materials Endorsement _____

Other vehicles/equipment (BE SPECIFIC): _____

_____, has been trained and road tested on all of the above vehicles/equipment and has met the qualifications for operating the same. A Training Form and Road Test form has been completed and is maintained in our department files.

_____ Date _____

Supervisor signature

IV. RISK MANAGEMENT/LOSS CONTROL

All information has been received; employee is authorized to operate the above stated vehicles/equipment.

_____ Date _____

Risk Management Personnel

11/15/90

Original Loss Control Canary: Department Pink: Personnel

COUNTY FORM 009