



AUTHORIZATION TO DRIVE County Vehicle Program

Today's Date _____ Your Employee ID Number _____

Last Name _____ First Name _____

Department _____ Division _____ Contact # _____

I am currently in possession of a valid California Driver's License. YES NO

CA Driver's License Number _____ CA Driver's License Expiration Date _____

Date of Birth _____ CA Driver's License Class _____

Restrictions to License (If none, write **NONE**) _____

I have completed the **County of Riverside Drivers Awareness Training**. YES NO

The Drivers Awareness Training course was completed on: _____

If you selected **NO**, date you are scheduled to attend. _____

I hereby declare that I will:

- a. Report immediately to the Rideshare Office all moving violations, accidents, or incidents whenever I am the driver of a County Vehicle while ridesharing.
- b. Inform the Rideshare Office if my driver license is expired, suspended, or revoked.
- c. Operate County Vehicle in a manner that is safe in accordance with the California Vehicle Code and appropriate prescribing County directives/policies.

I understand that failure to do any of the above may result in termination of my participation in the County Vehicle Program. I hereby acknowledge the Rideshare Office will request my Department of Motor Vehicle driving record and will receive both annual updates and subsequent action updates from the Department of Motor Vehicles. I hereby authorize release of said information. I further understand that in the event the Rideshare Office receives a notices from the Department of which reflects an active suspension, excessive moving violations or other actions taken on my driving record that may be deemed as unsafe driving practices by the Rideshare Office, that my driving privilege of the County Vehicle may be revoked, and the Rideshare Office reserves the right to terminate my participation in the County Vehicle Program.

EMPLOYEE'S SIGNATURE

DATE

FOR OFFICE USE ONLY

CV Number _____ DMV Report Sent _____ DMV Report Received _____ Verification of Drivers Training Awareness _____

Please return this form ASAP by using one of the following methods: email (icommute@rivco.org) or fax 951/955-1181.

Thank you.