



AUTHORIZATION TO REQUEST DRIVING RECORD

Name _____
PLEASE PRINT (last) (first) (middle)

Driver's License # _____
State where license issued _____

Address _____
(street) (city) (state) (zip)

Job Title/Department _____ Hire Date _____

Vehicles driven for County business (circle all that apply) car van truck (type) _____ other (identify) _____

Driving Record

1. At-fault accidents for the past three years. Check here if **None** ()

Date Description and citations issued

2. Moving violations or convictions (exclude parking tickets) for the past three years. Check here if **None** ()

Date Description and citations issued

3. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____
If yes, please explain below.

4. Has any driver's license, permit, or privilege ever been suspended or revoked? Yes _____ No _____
If yes, please explain below.

I authorize Washoe County to request and obtain information from the Department of Motor Vehicles pertaining to my driving record for the past three (3) years. Information obtained from a driving record report will be used to determine my ability to drive for the County according to the acceptable driving standards within the Driver Policy, and may affect my employment.

I hereby certify that the foregoing information is true to the best of my belief. I understand that falsification of any information may be grounds for denial of employment, my ability to drive on County business, or disciplinary action if employed.

A copy of the driving record report, may be made available to my Department Head, or designee, Risk Management, the Safety Committee, and/or Human Resources, will be retained by the County, and may be included in my personnel file. I have the ability to receive a copy of the driving record report by indicating below.

___ Yes, provide me a copy of the report obtained from the Department of Motor Vehicles
___ No, I am not requesting a copy of the report obtained from the Department of Motor Vehicles at this time

Signed _____ Date _____