



County of San Mateo
**APPLICATION FOR AUTHORIZATION
TO DRIVE FOR COUNTY BUSINESS**

This information will be used in evaluating your driving record initially and on a continuing basis. Safe driving practices contribute toward a citation and accident-free record. Knowledge of vehicle code regulations and defensive driving skills are essential to your continued authorization.

Driver Name: _____
Last First Middle

Date of Birth: ____ / ____ / ____ California Driver License Number: _____

Department: _____

Division: _____ Org #: _____

Job Title: _____

- | | | | | | |
|-----------|--------------------------|------------|--------------------------|-------|--------------------------|
| Regular | <input type="checkbox"/> | Extra Help | <input type="checkbox"/> | Term | <input type="checkbox"/> |
| Volunteer | <input type="checkbox"/> | Intern | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Supervisor: _____ Date: _____
(PLEASE PRINT)

Forward Completed Form to Risk Management: PONY to HRD 163 or FAX to 363-4864

Risk Management to Complete and Return to Employee's Payroll Division for Personnel File

- Approved Conditional Approval Not Approved

Signature: _____ Date: _____

Condition/Reason: _____
