

**PIMA COUNTY
DEPARTMENT OF FINANCE & RISK MANAGEMENT**

RISK MANAGEMENT DIVISION
130 W. CONGRESS ST., 9TH FLOOR
TUCSON, ARIZONA 85701-1317
(520) 724-4477 FAX (520) 791-6614

Please email this form to driversafety@pima.gov or fax to (520) 791-6614. This is a secure fax line.

Driver Authorization Application

- Check One:**
- | | | |
|-----------------------|---|---|
| | New | Renewal |
| Check One: | <input type="checkbox"/> Driving Position | <input type="checkbox"/> Non-Driving Position |
| Check All That Apply: | <input type="checkbox"/> Drives County Vehicle | <input type="checkbox"/> Drives Personal Vehicle on County Business |
| | <input type="checkbox"/> Take Home Vehicle -Occasional | <input type="checkbox"/> Take Home Vehicle -Frequent |
| | <input type="checkbox"/> Drives Eight or More Passenger Van | <input type="checkbox"/> Commercial Driver License |

Applicant's Name (Print): _____ EIN: _____
 Department: _____ Division: _____
 AZ Driver License #: _____ Expiration Date: _____

Please attach a clear copy of the front and back of your Driver's License to application.

- | | | |
|--|------|-----|
| Have you completed the required Defensive Driving Training within the past 3 years?
<small>*If answer is no, please register and complete Defensive Driver Training before submitting this form.</small> | Yes | No* |
| Have you received a citation for a moving violation in the previous 39 months? | Yes | No |
| Have you been licensed in any state other than Arizona in the previous 39 months?
<small>*If answer is yes, provide a copy of 3-year Motor Vehicle Record from prior state(s) where you held a license.</small> | Yes* | No |
| Has your driver license been suspended or revoked in the previous 39 months? | Yes | No |
| Have you had any DUI citation or conviction in the previous 24 months?
<small>*New hires into a Driving Position may not have a DUI conviction in the previous 24 months.</small> | Yes* | No |
| Have you been refused a driver license in the previous 39 months? | Yes | No |

I hereby certify that the information provided above is true. I understand that omitting information or providing false information to any question above may result in disciplinary action up to and including dismissal and/or my right to drive on County business, which may impact the necessary requirements of my position. I understand I am required to abide by all Pima County Administrative Procedures and Pima County Board of Supervisors' Policies regarding vehicle use. A complete list of these procedures and policies can be found on the Pima County Department of Finance and Risk Management Intranet. I understand it is my responsibility to review them.

Applicant's Signature _____
Date

Supervisor's Name (Print)

Supervisor's Signature _____
Date

For Risk Management Use Only Defensive Driving Completion Date: _____

- | | | | |
|---------------------------------------|---------------|------------------------|---|
| <input type="checkbox"/> Acceptable | Points: _____ | Expiration Date: _____ | |
| <input type="checkbox"/> Conditional | Points: _____ | Expiration Date: _____ | Assuming no additional violation is received. |
| <input type="checkbox"/> Unacceptable | Points: _____ | Expiration Date: _____ | Individual may not drive on County business but can reapply on expiration date. |

Risk Manager's Signature or Designee _____
Date