

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

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

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

### Driver Authorization Acknowledgement

As a driver of a County Vehicle or a personal vehicle on County business, I, (Applicant's Printed Name) \_\_\_\_\_, agree to abide by all Pima County Administrative Procedures and Pima County Board of Supervisors' Policies regarding vehicle use.

1. I have attached a completed Driver Authorization Application.
2. I have attached a legible copy (front and back) of my Arizona driver license.
3. I understand Risk Management will obtain and review my Motor Vehicle Record prior to issuing Driver Authorization.
4. I have reviewed and understand Pima County Administrative Procedure 30-31, Driver Qualification and Authorization. My supervisor has explained any portion of this procedure I did not understand.
5. I have reviewed and understand Pima County Administrative Procedure 30-11, Vehicle Operation and Accident Reporting. My supervisor has explained any portion of this procedure I did not understand.
6. I will notify my supervisor of any Reportable Event as outlined in Section 3.I. of Administrative Procedure 30-31, Driver Qualification and Authorization.
7. I will not operate a County Vehicle or a personal vehicle on County business during a period when my driver license is suspended or revoked or during a period when I do not have Driver Authorization.
8. I understand it is my responsibility to renew my authorization 30 calendar days prior to expiration.
9. I understand that Driver Authorization is revocable by Pima County.
10. I understand I am required to abide by all Pima County Administrative Procedures and Pima County Board of Supervisors' Policies regarding vehicle use. Any violation 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. 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