



EMAIL OR FAX FORM TO:  
[DRIVERSAFETY@PIMA.GOV](mailto:DRIVERSAFETY@PIMA.GOV)  
 DRIVER SAFETY FAX: (520) 791-6614  
 MAIN PHONE: (520) 724-2670

## Driver Authorization Application

- Check All That Apply:**
- |                                                             |                                                                     |
|-------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> New Authorization                  | <input type="checkbox"/> Authorization Renewal                      |
| <input type="checkbox"/> Essential Driving Position         | <input type="checkbox"/> Incidental Driving Position                |
| <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                  |

**New Hires may not drive County vehicles or personal vehicles on County business until application is approved.**

Applicant's Name (Print): \_\_\_\_\_ EIN: \_\_\_\_\_  
 Department: \_\_\_\_\_ Division: \_\_\_\_\_  
 AZ Driver License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

1. Have you completed Pima County Defensive Driving training within the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
*If you answered NO to question 1, STOP! Please register and complete Pima County Defensive Driving training before submitting this form. Applications will not be approved until training is complete.		
2. Have you received a citation for a moving violation in the previous 39 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been licensed in any state other than Arizona in the previous 39 months?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If you answered YES to question 3, STOP! Please provide a copy of 3-year Motor Vehicle Record from prior state(s) where you held a license.		
4. Has your driver license been suspended or revoked in the previous 39 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had any DUI citation or conviction in the previous 24 months?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If you answered YES to question 5 and are a New Hire STOP! New hires into a Driving Position may not have a DUI conviction in the previous 24 months and are ineligible to drive for Pima County.		
6. Have you been refused a driver license in the previous 39 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Fleet Services Intranet. I understand it is my responsibility to review them.

\_\_\_\_\_  
 Applicant's Signature Date

\_\_\_\_\_  
 Supervisor's Signature Supervisor's Name (PRINT) Date

*For Internal Use Only*

Defensive Driving Completion Date: \_\_\_\_\_

- |                                       |               |                        |
|---------------------------------------|---------------|------------------------|
| <input type="checkbox"/> Acceptable   | Points: _____ | Expiration Date: _____ |
| <input type="checkbox"/> Conditional  | Points: _____ | Expiration Date: _____ |
| <input type="checkbox"/> Unacceptable | Points: _____ | Expiration Date: _____ |

Conditional: Assuming no additional violation is received.  
 Unacceptable: Individual may not drive on County business but can reapply on expiration date.

\_\_\_\_\_  
 Department Program Designee Date