

ANNUAL DRIVER'S LICENSE CHECK

The information listed below is needed by the Commissioners' Office to do an annual driver's license check with the Bureau of Motor Vehicles. This information must be provided as stated in the County's Driver/Vehicle Policy.

Please complete the requested information and return to the Commissioners' Office at the address listed above.

Office/ Department: _____

Name: _____

Date of Birth: _____

Driver's License Number: _____

LICENSE/INSURANCE/MAINTENANCE REQUIREMENTS

I, the undersigned, agree, as a requirement for driving a county owned vehicle or personal vehicle during the course of employment, I will maintain a valid State of Ohio Drivers' License. I also understand that a Motor Vehicle Report will be obtained by the Commissioners' Office to confirm a valid Ohio Drivers License.

I, the undersigned, agree, as a requirement for using my personal vehicle during the course of my employment with Seneca County, will retain automobile liability insurance for bodily injury and property damage on the vehicle that I am driving for at least the minimums required by the State of Ohio. I further agree to maintain my vehicle in, to the best of my knowledge, a roadworthy condition.

NAME: _____

SIGNATURE: _____

DEPARTMENT: _____

DATE: _____

***This language is intended to include all county employees/volunteers and officials who currently are authorized to operate a motor vehicle within the scope of their duties. Please review to be certain it will cover the employees and officials who are so authorized in your county.*