



AUTHORIZATION FOR RELEASE OF EMPLOYEE'S DRIVING RECORD

I, the undersigned employee, hereby authorize the City of Portsmouth to obtain a copy of my driving record from the Virginia Department of Motor Vehicles. I understand that as a condition of employment, I must maintain a valid license issued by the Commonwealth of Virginia for the position I hold. By my signature, I understand that my driving record may be randomly reviewed by the City of Portsmouth.

Pursuant to the City of Portsmouth Administrative Policy #6, Use of City Vehicles, the undersigned Department Head hereby authorizes the undersigned employee to operate a City of Portsmouth motor vehicle, provided all other requirements for operation are met.

This authorization is for
the following designation.
Please mark appropriately.

_____ Commercial
Driver's License

_____ Safety Sensitive

_____ Motor Pool Vehicle

Employee's Signature

Employee's Printed Name

Today's Date

Employee's Driver's License Number

Employee's Date of Birth

Employee's Department

Department Head's Signature pursuant to AP #6

Department Head's Printed Name