

ANNUAL DRIVER'S LICENSE CHECK

The information listed below is needed by the Human Resources Department 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 Human Resources Department.

Office/Department: _____

Name as shown on Driver's License (Print): _____

Date of Birth: _____

Driver's License Number: _____ **State:** _____

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 Drivers' License. I also understand that a Motor Vehicle Report will be obtained by the Human Resources Department to confirm a valid Driver's License. I, the undersigned, agree, as a requirement for using my personal vehicle during the course of my employment with Belmont 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.

Note: CORSA strongly recommends a minimum of \$100,000 per person /300,000 per accident liability limits be personally carried by employees on their personal auto insurance. However, State Law only requires limits of \$25,000/\$50,000.

Name (Print): _____

Signature: _____

Office/Department: _____

Date: _____
