Authorization to Use Privately Owned Vehicle For County Business					
Type of Request:	Initial Request		Renewal (NO Policy Changes)	Renewal (Policy Changes)	
Department Name:				Date:	
Employee Name:				Division:	
Position Title:				Employee #:	
I hereby certify that, while operating a privately owned vehicle for County business I will: 1. Have a valid California driver's license					
Employee Signature:					Date:
Department Head Sig	gnature:				Date: