

**Attachment E**

**REQUEST TO DRIVE ON COUNTY BUSINESS**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OREGON DRIVER LICENSE NUMBER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

I am requesting to drive on County business as a discretionary driver. I have read and understand Marion County Administrative Policy 502 and Procedure 502-A: Driving on County Business.

I agree to abide by Policy 502 and Procedure 502-A.

I understand that by signing this form, I authorize Marion County to access my driving record through the Department of Motor Vehicle Services to establish my eligibility as a qualified driver for Marion County and monitor my driving record for continued eligibility according to Appendix A in Policy 502.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Head/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Risk Management Use Only**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_