**Schedule "B"**

# Warren County Travel Policy and Vehicle Use Regulations Acknowledgment Form

I understand to be an authorized driver of a County vehicle I must:

- Be 18 years of age or older
- Hold a valid NYS Drivers license
- Use the vehicle as part of my usual and / or customary County job function
- Have been authorized to use the vehicle by the Department Head responsible for the vehicle or by the County Administrator
- Agree to provide my driver license number to the County for the LENS program
- Agree for the County to obtain my motor vehicle records
- Agree to provide the County documents including driving records, proof of a valid license and proof automobile insurance coverage if requested
- Agree to immediately notify the County of any driving violations, changes to driver information and driver status

I, _____ have read and understand the Warren County Travel Policy and Vehicle Use Regulations. By signing below, I agree to adhere to the policy including the items listed above.

NYS Driver License ID _____

_____ _____

Employee Signature Date

This form shall be completed when the employee is offered a position that includes responsibility for driving a county vehicle or other vehicle for County business. This form shall also be completed when the employee attends a driver improvement training program.

Original of this form will be filed with the Department Head
Electronic copy will be filed with the LENS documents in the Self-Insurance Office