COUNTY OF SAN LUIS OBISPO
RISK MANAGEMENT

AUTHORIZED COUNTY DRIVER/EMERGENCY INFORMATION

PLEASE COMPLETE FOR ALL EMPLOYEES/VOLUNTEERS

NAME:		
LOCAL MAILING ADDRESS:		
TELEPHONE NO.:	DATE OF BIRTH:	
DRIVER'S LICENSE NO:	EXPIRATION DATE:	CLASS:
AUTO INSURANCE CO.:	AUTO POLICY NO.:	

DRIVING RESTRICTIONS: _____

DEPARTMENT:	JOB CLASSIFICATION:

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

Name: _____ Telephone: _____

Address: _____

Relationship to Employee: _____

_____ _____
Employee's Signature Date Department Authorization Date