



**PRINCE WILLIAM COUNTY GOVERNMENT  
EMPLOYEE DRIVING RECORD TRANSCRIPT AUTHORIZATION FORM**

Pursuant to the Virginia Privacy Protection Act of 1976, you are hereby notified that you are not legally required to provide the information requested on this form. However, unless you provide the information requested on this form, you will not be allowed to operate any licensed vehicle for County business purposes. If your job requires you to drive a licensed vehicle on a regular basis, and you are not allowed to operate a licensed vehicle because of your failure to provide this information, you will be subject to transfer or discipline, which could include termination of employment. The information you provide on this form will not be provided to any entity outside of the Prince William County Government, except that the information will be provided to the Virginia Department of Motor Vehicles, or its equivalent in the state in which you are licensed, in order to obtain information about your driving record.

**MUST BE 18 YEARS OF AGE AND POSSESS A VALID OPERATOR'S OR DRIVER'S LICENSE  
(a learner's permit does not meet this requirement)**

**Complete All Information**

Candidate for Hire     Current Employee     Volunteer

CDL License  
Required?

Yes  
 No

**Section I: Applicant Information**

Name: \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State Issuing Driver's License\*: \_\_\_\_\_

\*Out-of-State licensed drivers must provide a current (within last 30 days) driving history transcript with this form and annually thereafter.

**Section II: Agency Information**

Agency: Aging, Agency on

Agency Contact Person: Joshua Lee

Contact's Phone Number: (703) 792- 6406

**Section III: Supervisor Information**

- Employee will be operating County vehicle(s). [Submit completed form to Risk Management.]
- Employee will be driving their personal vehicle for work purposes and will qualify for mileage reimbursement. [Submit completed form to Risk Management.]
- Volunteer driver operating personal vehicle(s) only. [Submit completed form to Risk Management.]
- Employee will **NOT** be operating County vehicle(s) and will **NOT** qualify for mileage reimbursement. [Completed copy to be shared with employee and maintained in personnel file.]

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_ (mm/dd/yyyy)

**Section IV: Applicant Authorization**

I hereby authorize Prince William County to obtain, periodically throughout my employment, from the Department of Motor Vehicles a transcript of my driving record for verification of the above information.

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