



**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 vehicle for County business purposes. If your job requires you to drive a vehicle on a regular basis, and you are not eligible to operate a 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, with the exception of 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: Candidate Information**

**Name:** [Redacted]  
**Home Address:** [Redacted]

**Phone Number:** [Redacted]

**Driver's License Number:** [Redacted]

Please check box if uniformed personnel →

**State Issuing Driver's License\*:** [Redacted]

\*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: Area Agency on Aging**

**Contact phone number:**  
**703-792-4583**

**Agency Contact Person: Tracy Solomon**

**Section III: Operational Information**

- Employee will be operating County vehicle(s).
- Employee will be driving their personal vehicle for work purposes
- Volunteer driver operating personal vehicle(s) only.
- Employee will **NOT** be operating County vehicle(s) and will **NOT** qualify for mileage reimbursement.

**Supervisor's Name:** [Redacted]   **Supervisor's Phone Number:** [Redacted]

**Supervisor's Signature:** [Redacted]   **Date:** [Redacted]

**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.

**Candidate Signature:** [Redacted]   **Date:** [Redacted]

**Note:** Agency must submit a copy of this completed form to Risk & Wellness Services prior to employee start date.