



County of San Mateo  
**APPLICATION FOR AUTHORIZATION  
TO DRIVE FOR COUNTY BUSINESS**

This information will be used in evaluating the DMV driving record of individuals who use County vehicles to conduct County business. All County drivers are expected to abide by vehicle regulations and to practice safe driving etiquette. Defensive driving skills and a clean driving record are essential to continued authorization.

**\*ALL FIELDS ARE MANDATORY\***

**DRIVER NAME** \_\_\_\_\_  
Last First Middle

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CALIFORNIA DRIVER'S LICENSE #** \_\_\_\_\_

**DEPARTMENT/DIVISION** \_\_\_\_\_

**PROGRAM** \_\_\_\_\_ **ORG #** \_\_\_\_\_

**JOB TITLE** \_\_\_\_\_

- |            |                          |               |                          |        |                          |
|------------|--------------------------|---------------|--------------------------|--------|--------------------------|
| Consultant | <input type="checkbox"/> | Contractor    | <input type="checkbox"/> | Vendor | <input type="checkbox"/> |
| Volunteer  | <input type="checkbox"/> | Unpaid Intern | <input type="checkbox"/> | VRS    | <input type="checkbox"/> |

**SUPERVISOR** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(PLEASE PRINT)

**SUPERVISOR CONTACT INFORMATION:** EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

**FORWARD COMPLETED FORM TO RISK MANAGEMENT,  
Safety & Ergonomics Manager, Azadeh (Azi) Imandel  
– Email: [aimandel@smcgov.org](mailto:aimandel@smcgov.org)**

**RISK MANAGEMENT TO COMPLETE AND RETURN TO DRIVER'S SUPERVISOR OR PROGRAM MANAGER**

- Approved  Not Approved

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_