



County of Fairfax, Virginia

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 County vehicle. If your job requires you to drive a County vehicle or personal vehicles on behalf of the County, and you are not allowed to operate a vehicle on behalf of the County 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 Fairfax 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.

Name: _____ State Issuing Driver's License: _____
Date of Birth: _____ Driver's License Number: _____

I currently have a valid driver's license	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
I currently have less than six (6) demerits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
I am unaware of any medical condition that would impede my ability to operate a vehicle	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>

Agency: FACETS

Agency Contact: Suzanne Hough Phone Number: 703-865-4251

I, _____ hereby certify that all information contained herein is true and correct. I further understand that, knowingly making false statements or misrepresentations on this form is grounds for dismissal. I hereby authorize Fairfax County to obtain a transcript of my driving record from the Division of Motor Vehicles for verification of the above information, annually throughout my employment or whenever the Agency Head or their designated representative deems appropriate. I

In addition, per County policy LP-04 (Driving Record Review Policy), I recognize it is my responsibility to not operate a vehicle if my driver's license is suspended or revoked, and to immediately inform my Department Director upon the suspension or revocation of my driver's license or upon the accrual of six* or more demerit points on my driving record.

Signature: _____ Date: _____

Witnessed By: _____ Date: _____

* This is the threshold in Virginia. Demerit thresholds may vary in neighboring states of Maryland, West Virginia and the District of Columbia.
Employee Driving Record Transcripts Authorization Form — September 2013