

Employee Form - Authorization for MVR Review

I acknowledge that the information contained in Fulton County MVR policy has been reviewed with me, and a copy of the policy has been furnished to me. As a driver of a Fulton County vehicle or a private vehicle on Fulton County business I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I also understand that my employer will periodically review my Motor Vehicle Record to determine continued eligibility. In accordance with the law, I have been informed that a MVR will be periodically obtained on me for continued qualification and employment purposes.

I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a MVR report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

Employee Name (Print): _____

Employee Signature: _____

Date: _____