

Authorization to Fuel/Drive  
County Vehicles

Name:

(Print) Last, First, MI

Office Use Do not Write in this area

Department:

Position:

Drivers License Number:

Issue Date:      \_\_\_/\_\_\_/\_\_\_

Expiration Date:    \_\_\_/\_\_\_/\_\_\_

(Four digit pin to fuel)

Assigned Vehicle:

Attach Copy of DL  
here.

Safe Driver Plan:

All Drivers of Board owned or leased vehicles are subject to random drug testing.  
Sign and return the Safe Driver Plan Cover Sheet, and keep the plan for your records.

# Putnam County School District

## Safe Driver Plan and Vehicle Use Acknowledgement of Receipt

Print your full legal name as it appears on your SS Card:

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I hereby acknowledge receipt of a copy of the Safe Driver Plan established by the District School Board of Putnam County in regards to driving convictions and District regulations. I have read the Safe Drivers Plan, it has been explained to me, and I do understand the contents of the plan.

And I have received a copy of the Procedures for use of School Board owned/Leased Vehicles.

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Driver Signature

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Date

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Distribution:

Transportation Director

revised 2/23/17 (rdp)