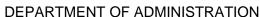
COUNTY OF DANE





RISK MANAGEMENT

Room 425 City-County Building 210 Martin Luther King Jr. Blvd. Madison, WI 53703-3342 608/266-4965 FAX 608/261-9753

> DAN LOWNDES Risk Manager

INSTRUCTIONS:

All county employees who drive a County-owned and/or personally-owned vehicles on official County business must complete this Agreement. Employees who choose not to sign this Agreement may **not** operate a County-owned and/or personally-owned vehicle to conduct official County business.

Completed forms are to be returned to the employee's immediate supervisor, then signed and forwarded to Risk Management. If any information provided on this form should change, it is the employee's responsibility to complete a new form and return it to their immediate supervisor then signed and forwarded to Risk Management.

DRIVER'S FULL NAME (include middle initial)	DRIVER'S LICENSE NO.	STATE (if not WI)
DALVER OF OLD THE INC.	BRITER D BIOLING TO.	51112 (1 1151 11.1)
	DRIVER'S DATE OF BIRTH (mm/dd/ccyy)	
DRIVER'S CAR INSURANCE COMPANY AND POLICY NUMBER	•	
DRIVER'S WORK MAILING ADDRESS (P.O. box, floor, room, etc.)	DRIVER'S WORK STREET ADDRESS	
DRIVER'S WORK CITY, STATE, ZIP +4	•	
AGENCY OR DEPARTMENT	DIVISION (no abbreviations or initials)	
DRIVER'S WORK E-MAIL ADDRESS (provide supervisor's e-mail address if driver has no email access)	DRIVER'S WORK PHONE	
(provide supervisor's e-man address it driver has no eman access)		
	DRIVER'S WORK FAX	
	<u>!</u>	

EMPLOYEE AGREEMENT:

I acknowledge that I have received and read a copy of the Dane County's Vehicle Usage Policy & Procedures, and that I understand the contents.

As a condition of my driving a County-owned and/or personally-owned vehicle on County business, I agree that Dane County Risk Management may check my driving record at least on an annual basis. I further agree to inform my supervisor whenever any negative change in the status of my driving record may occur (such as license revocation, restriction, or suspension). I understand that any negative change in the status of my driving record or the failure to report such change may result in the revocation of the privilege of driving a County owned or personally owned vehicle on official County business.

DRIVER'S SIGNATURE	DATE (mm/dd/yy)
SUPERVISOR'S SIGNATURE	DATE (mm/dd/yy)
SUPERVISOR'S NAME (please print or type)	EMAIL ADDRESS