



## **Powhatan County Fire and Rescue Driving Record/ Transcripts 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 licensed vehicle for County business purposes. The operation of motor vehicles on County business is a privilege and not a right and that privilege may be suspended or revoked any time. If your position requires you to drive a licensed vehicle on a regular basis, and you are not allowed to operate a licensed vehicle because of your failure to provide this information, you will be subject to disciplinary action, up to and including termination. The information which you provide on this form will not be provided to any entity outside of Powhatan County Fire and Rescue, 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.

Please complete the following:

Name: \_\_\_\_\_

Department:  Powhatan County Fire and Rescue Department

Driver's License Number: \_\_\_\_\_

State Issuing Driver's License: \_\_\_\_\_

*I hereby authorize the Powhatan County Department of Fire and Rescue, to obtain annually throughout my membership/employment from the Department of Motor Vehicles, a transcript of my driving record.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_