



## VEHICLE POLICY

### EMPLOYEE DRIVING VIOLATIONS NOTIFICATION TO DIRECTOR ACKNOWLEDGEMENT FORM

Pursuant to the Buncombe County's Vehicle Policy, I agree to promptly notify my department director of change in my driver's license status including but not limited to civil revocations due to an impaired driving arrest, suspensions and revocations.

I understand I will be subject to random Motor Vehicle Report (MVR) checks by the County Safety Officer.

I hereby affirm that I have read, understand, and agree to Buncombe County's Vehicle Policy.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
DIGITAL SIGNATURE/USERNAME

\_\_\_\_\_  
DRIVER'S LICENSE ISSUING STATE

\_\_\_\_\_  
DATE

