



Driver Authorization Form

Instructions: Please print clearly and fax to 404-935-6100 with a copy of your current Insurance Card and Driver's License.

Personal Information

Name _____

Address _____

City, State, Zip _____

Complete this box if you never drive to other locations as part of your job responsibilities.

I _____ (name) do not operate a vehicle as part of my job responsibilities; therefore, the rest of this document does not pertain to me. I understand that if this changes, and I do need to operate a vehicle as part of my job, then at that time I am required by my employer, AllStaff Technical Solutions, Inc. to complete the Driver Authorization Form below, and provide the requested documentation.

Signature

Printed Name

Date

If your job never requires you to drive to a different worksite during the work day, you may stop here.

For those who do drive as part of your job responsibilities (e.g. visits to other worksites) or foresee any driving in the future, please fill this out:

Date of Birth ____ / ____ / ____

Driver's License Information

Driver's License # _____ State Issued _____

Expiration Date ____ / ____ / ____

Automobile Insurance Information

Company Name _____

Policy # _____

Limits of Liability

State: _____

1. Car Make _____ Model _____

2. Car Make _____ Model _____

Coverage: Bodily Injury Per Person/Per Accident _____/_____
Property Damage _____

Employee Consent

By signing and initialing below, I acknowledge that: *(please initial each line)*

- ____ All entries and information on this Driver Authorization Form are true and complete to the best of my knowledge.
- ____ I have not had more than one at-fault accident in the past 5 years.
- ____ I am in good health and capable of operating my vehicle in a safe manner.
- ____ AllStaff Technical Solutions, Inc. and their Clients are not responsible for damages done to my vehicle or other vehicles.

I further agree:

- ____ To immediately inform AllStaff Technical Solutions, Inc. of any moving violations or at-fault accidents that occur while I am their employee.
- ____ To maintain at least the State minimum level of auto insurance on my personal vehicles and will inform AllStaff Technical Solutions, Inc. of any changes to my insurance.
- ____ That, by law, when driving my personal vehicle on business related trips, my auto insurance is primary in the event of an accident or collision.
- ____ That, while AllStaff may provide me with a rental vehicle for use during business travel, and reimburse for fuel costs and tolls, I will be responsible for additional costs pertaining to that vehicle (e.g. reservation upgrades, roadside assistance, tickets or moving violations, etc.)
- ____ That all drivers and passengers will be seat-belted at all times.
- ____ Not to talk on my cell phone or text-message/email while driving.
- ____ To only drive in vehicles that are in safe operating condition.

Signature

Printed Name

Date

*Instructions: Please print clearly and fax Attn: Snezhana Dragni to 404-935-6100
with a copy of your current Insurance Card and Driver's License.*