



Plant Facilities Department, 1111 Figueroa Place, Wilmington, Ca-90744

To: Sheriff Department

Date:

From: Bill Englert

Director Of College Facilities

Subject: **REQUEST FOR AUTHORIZATION TO OPERATE  
DISTRICT-OWNED VEHICLES**

It is requested that the driving record of this employee be reviewed for authorization to operate District vehicles.

Employee Name: \_\_\_\_\_  
(Please print or type)

Employee No: \_\_\_\_\_

Home Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Month Day Year

Driver's License No: \_\_\_\_\_

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

Do not write below

.....  
*For Sheriff use only*

DMV Record:

Approved:

Denied: