PYRAMID LAKE PAIUTE TRIBE

HUMAN RESOURCES DEPARTMENT
PO BOX 256
NIXON, NEVADA 89424
775)574.1000 ext. 1119/1120
775)574.1086 fax

Request to Operate Motorized Vehicle on Company Business

I understand that my job position requires me to drive a company owned vehicle and / or my own vehicle on company business. I understand that the insurance agency / company currently providing insurance for the Pyramid Lake Paiute Tribe, requires access to my driving record to assess my insurability. I also understand that I have the right to see a copy of the report.

By my signature, I authorize the insurance company and / or its agent, to obtain the necessary motor vehicle reports.

_____ _____

Employee Name (Print) **Department**

Date of Birth: _____ ☐ Occasional Driver ☐ Regular Driver

Driver's License Information:

_____ _____ _____ _____

State License # Class Expiration Date

_____ _____

Employee Signature Date Signed

_____ _____

Date forwarded to verify MVR Initials