



City of San Antonio

Human Resources

DRIVER EVALUATION AND MVR CHECK

For Drivers Operating City and/or Privately Owned Vehicles on City Business
COSA AD 4.8 -- Driver evaluation required annually on anniversary hire date

SUBMIT TO: RISK MANAGEMENT DIVISION-SAFETY

Date of Request: _____ (MM/DD/YYYY) From: _____
Department

REQUEST DRIVER EVALUATION FOR:

Driver's Name **AS PRINTED ON DRIVER'S LICENSE** _____

Employee I.D. # (SAP) _____

Reason: (Mark one)

New Hire

Annual

Special

(Ex. Demotion, Promotion, Transfer, Disciplinary Action)

TDL Number _____ TDL Class _____ License Expiration Date _____
(MM/DD/YYYY)

Date of Birth _____ (MM/DD/YYYY)

_____ Authorizing Phone Number _____

Department Authorizing Name/Signature

FOR RISK MANAGEMENT ONLY

Approved to Drive

Not Approved to Drive

Approving Official's Name/Signature

Risk Management Division, DHR

111 Soledad, San Antonio, TX 78205 10th Floor

(210) 207-8702, (210) 207-7314, (210) 207-7330

Reason: Suspended License

Revoked License

No Record

Warrant

Other _____