

SOUTH LYNCHES FIRE DEPARTMENT

EMERGENCY VEHICLE DRIVER REQUEST FORM

I, _____ am requesting to be considered for a department emergency vehicle driver/operator.

By copy of the request, I am giving my permission for the South Lynchess Fire Department designee to acquire a current three (3) year driving record from the South Carolina Department of Motor Vehicles and anytime deemed necessary by the Fire Chief and/or Safety Coordinator.

My driver license is Class _____, number _____.

SIGNATURE

DATE

SAFETY COORDINATOR

DATE RECEIVED