



CANADIAN HEALTH CARE AGENCY
EXPERIENCE THE NORTH

AUTHORITY TO DRIVE GOVERNMENT VEHICLES

NAME: _____

LOCATION: FNIHB ZONES

In the normal conduct of my duties as a community health nurse, where I am required to use a government vehicle, time and usage is to be in accordance with the "Use, Safety and Parking of Government Vehicles" directive, as issued by the Zone. (See attached Directive – read carefully)

This authorization covers the period commencing _____ and will be valid as long as I am employed with the Canadian Health Care Agency.

See my file for a copy of my current Driver's License showing both the photo and the expiry date.

TO MY KNOWLEDGE, THIS IS A VALID DRIVER'S LICENSE.

Employee's Signature

Date