

**CERTIFICATION OF COMPLIANCE**

**WITH OHIO'S FINANCIAL RESPONSIBILITY LAW**

I, \_\_\_\_\_, an employee of \_\_\_\_\_  
(Employee Name) (Office/Department)

under the Medina Ohio County Board of Commissioners do hereby certify that when using my personal vehicle(s) for County business that I am in compliance with Ohio's Financial Responsibility Law. If at any time my insurance is canceled or lapses I will immediately notify my department head. Proof of insurance shall be presented upon request by a department head or by County Administration. I understand that I have a responsibility to report any and all accidents, arrests, violations, license suspensions or revocations to my supervisor and to the Finance Director using the *Traffic Violation/Accident Notice* form. Failure to do so could result in disciplinary action.

\_\_\_\_\_  
***Employee Signature***

\_\_\_\_\_  
***Date***

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I, \_\_\_\_\_, hereby attest that I have explained the above  
(Immediate Supervisor Name)

conditions to the above named employee and (s)he attests that (s)he understands and is in compliance as stated.

\_\_\_\_\_  
***Immediate Supervisor Signature***

\_\_\_\_\_  
***Office/Department***

***Date***

cc: Human Resources – Personnel File  
Finance Department