

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

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