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|  |  | SHERIFF  **King County .**  King County Sheriff’s Office, Special Operations  Attn: SAR Coordinator  3511 NE 2nd St  Renton, WA 98056  Tel: (206) 205-8226  Email: [sar.coordinator@kingcounty.gov](mailto:sar.coordinator@kingcounty.gov)  Susan L. Rahr  Sheriff |
| **Office of Emergency Management**  Department of Executive Services  3511 NE 2nd Street  Renton, Washington 98056  206-296-3830 | |

**King County Emergency Worker Vehicle Certification**

As a King County Emergency Worker volunteer, or parent of an emergency worker volunteer, I may have occasion to drive my personal motor vehicle during the course of missions. I understand that the King County Office of Emergency Management needs to be confident that any motor vehicles used to get to or from missions are in good working condition, and in compliance with all Washington

State laws regarding motor vehicles.

Note to motorcyclists: Although Washington state law does not require motorcyclists to have vehicle insurance, all King County Search and Rescue volunteers will be required to maintain current vehicle insurance.

I hereby certify that any motor vehicle that I drive in the course of performing, or assisting others in performing, Office of Emergency Management missions will be in good working condition and will comply with all Washington State laws regarding motor vehicles.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vehicle Insurance Company: | |  | | | | | | | | |
| Policy #: |  | | | | | Expiration Date: | | | |  |
|  | | | | |  | | |  | | |
| Emergency Worker’s Signature | | | | |  | | Parent’s Signature  (If Emergency Worker is not self-insured) | | | |
|  | | |  | | | | | |  | |
| Date Signed | | | |  | | | | | Date Signed | |