



MOTOR VEHICLE USE PROGRAM DRIVER ACKNOWLEDGEMENT

Before operating a vehicle for State of Georgia business, employees must use this form to certify that they are qualified to safely operate the vehicle. Employees who infrequently (i.e.: less than once a month) operate a vehicle for state business may be required to certify before each trip. Employees who routinely operate a vehicle for state business at least weekly will be required to recertify every six months.

By signing this form, I certify that I am qualified to safely operate a vehicle for state business. I specifically certify the following (please initial on each line):

_____ I have a valid license for operating a vehicle.

_____ I do not currently have more than 10 points on my driver's license.

_____ I agree to use vision correction measures while operating the vehicle, if required by my driver's license.

_____ I agree to report any ticket or warning that I receive while operating the vehicle on state business.

_____ I have not had an "at fault" motor vehicle accident in the past 6 months.

_____ I do not have pending charges, or a conviction within the past 6 months, for any of the following offenses, and I agree to immediately notify my supervisor and the physical plant fleet coordinator using the Driver Notification Form should I be charged with one or more of these offenses:

- Driving Under the Influence (DUI)
- Driving While Intoxicated
- Leaving the Scene of an Accident
- Refusal to take a Chemical Test for Intoxication
- Aggressive Driving*
- Exceeding the Speed Limit by more than 19 mph*

_____ I agree to notify my supervisor and the physical plant fleet coordinator of any changes involving the above initialed items before I operate a vehicle for state business.

_____ I agree to notify my supervisor and the physical plant fleet coordinator using the Driver Notification Form immediately upon license suspension, revocation, or expiration.

Printed Name	Date
Signature	