



**MOTOR VEHICLE USE PROGRAM
DRIVER NOTIFICATION**

Employees are to use this form to notify their supervisor and Physical Plant fleet coordinator of activities that may affect their eligibility to operate a motor vehicle for state business.

EMPLOYEE INFORMATION	
NAME	EMPLOYEE ID
DEPARTMENT	Frequency of driving on state business <input type="checkbox"/> Weekly or more often <input type="checkbox"/> Infrequently

REPORTED ACTIVITY (Select all that apply)

I received a traffic citation while driving on state business

Date Received	
Charge	

I was involved in an on-the-job accident while driving on state business

Date of Accident					
Any Injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any Property Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

My driver's license has been (select one):

<input type="checkbox"/> Suspended	<input type="checkbox"/> Revoked	<input type="checkbox"/> Expired	Date of Action	
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I was charged with the following (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Driving Under the Influence (DUI) | <input type="checkbox"/> Driving While Intoxicated |
| <input type="checkbox"/> Leaving the Scene of an Accident | <input type="checkbox"/> Aggressive Driving* |
| <input type="checkbox"/> Refusal to take a Chemical Test for Intoxication | <input type="checkbox"/> Exceeding the Speed Limit by More Than 19 mph* |

Date of Charge: _____

I understand that this notification may affect my eligibility to drive on state business. I may be required to view a driver safety video and successfully complete a defensive driving course (at my own expense), and I may be subject to other appropriate action.

Signature	Date
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