



Motor Vehicle Use Program Driver Acknowledgment Form

Before operating a vehicle for state of Georgia business, employees as designated by the Motor Vehicles Use Policy, must use this form to certify that they are qualified to operate a vehicle safely and in accordance with all state & local laws, rules, regulations, and drive in a respectful and courteous manner while representing the state. Any violation of these laws, rules or regulations could result in immediate termination.

By signing this form, I certify that I will operate any vehicle for state business safely, obeying all laws. I specifically certify the following: **(Please initial on each line - DO NOT use a check mark or X.)**

I have a valid license for operating the vehicle and agree to have it in my possession.

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 drivers 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 the following offenses, and I agree to immediately notify my supervisor using RMS101 Form-2 should I be charged with one or more of these offenses: Driving Under the Influence, Driving While Intoxicated, Leaving the Scene of an Accident, Refusal to take a Chemical Test for Intoxication, Aggressive Driving* or Exceeding the speed limit by more than 19 mph*.

I agree to notify my supervisor of any changes involving the above initialed items before I operate a vehicle for state business.

I agree to notify my supervisor using RMS101 Form-2 immediately upon License Suspension, Revocation, or Expiration.

I understand that I may be subject to a MVR background history check in order to comply with the USG MVR Policy.

Please check box to the right if 15 passenger van training is also needed.

 15 Passenger Van Training

Please check box to the right if you will be operating a golf cart.

 Golf Cart Safety

Email _____

Office Phone Number

Drivers License Information below-Please fill out completely and exactly as it appears on your Driver's license

First Name Last Name

Date of Birth Drivers License Number State Issued

Signed By : _____

Current Date

**Only if conviction would result in more than 10 points accumulated on the driving record.*