

DRIVER QUALIFICATION PROCEDURE DRIVER ACKNOWLEDGEMENT

Before operating a vehicle for state business for the State of Georgia, employees must use this form to certify they are qualified to safely operate the vehicle. Employees who infrequently operate a vehicle for state business will be required to certify before each trip. Employees who routinely operate a vehicle for state business will be required to complete a new form every six (6) months.

By signing this form, I certify that I am qualified to safely operate a vehicle on state business. I

Printed N	ame	Signature		Date
		s suspended or revoked b		
	I agree to notify	my immediate supervisor	using the Driver No	tification Form if my
		y my immediate supervi fore I operate a vehicle or		involving the above
	Test for Intoxica nineteen (19) M later than the ne	I), Leaving the Scene of tion, Aggressive Driving* PH*. Additionally, I agreet business day using the tore of the above references	Exceeding the Spee tee to notify my imn Driver Notification I	d Limit by more than nediate supervisor no
	any of the follow	pending charge(s) or a conwing offenses: Driving U	nder the Influence (DUI), Driving While
	I have not had an	"at fault" motor vehicle a	accident in the past six	x (6) months.
	I agree to report vehicle on state b	any traffic citation, ticket, business.	or warning that I rece	eive while operating
		y have a health condition ay impact my ability to sai	0 :	
	I agree to use vis driver's license.	ion correction measures v	while operating a vehi	icle if required by my
	I do not currently	have ten (10) or more vio	plation points on my d	driver history records
	I have a valid dattached.	river's license for operat	ing a vehicle – a pho	otocopy of which is

^{*}Only if conviction would result in ten (10) or more violation points accumulated on the driver history.