of



## Georgia Department of Human Services Aging Services | Child Support Services | Family & Children Services

## Form 101-1 Driver Acknowledgment Form

(Adapted from the DOAS RMS101-1 Form)

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 drive on state business, regardless of the frequency, must use this form to recertify every 12 months.

By signing this form, I authorize the retrieval of my driving history and also certify that I am qualified to safely operate a vehicle for state business. I specifically certify the following: (Please initial on each applicable line.)

I have a valid license for operating the v	vehicle.			
I do not currently have more than 6 poin	nts on my driver's licer	nse.		
I agree to use vision correction measure	es while operating the	vehicle, if requir	ed by my driver's	s license.
I agree to report any ticket or warning that I receive while operating the vehicle on state business.				
I do not have pending charges, or a con and I agree to immediately notify my supervis these offenses:				
<ul> <li>Driving Under the Influence,</li> <li>Leaving the Scene of an Accident,</li> <li>Refusal to take a Chemical Test for Int</li> <li>Aggressive Driving or Exceeding the sp</li> <li>I agree to notify my supervisor of any chafor state business.</li> </ul>	peed limit.	pove initialed iten	ns before I opera	te a vehicle
I agree to notify my supervisor using Forr or Expiration.	m RMS101-2 immedia	ately upon Licens	se Suspension, F	Revocation,
I have reviewed and understand Form R	RMS101-4, <i>Driver Safe</i>	ty Tips.		
DRIVER'S LICENSE INFORMATION (please p	orint)			
First Name Middle Name	Last Name	Date of Birth	License #	State
		1		
Signature		Date		

Original to Supervisor File -- Copy to Employee -- Copy to Human Resources