

DOAS RMS 101-2 Motor Vehicle Use Program Driver Notification

Adapted from DOAS RMS101-2

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

Employee Information					
Employee Name		Employee ID			
Work Unit			Frequency of Driving		
			Weekly or more often		
			□ 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?	□ Yes	📚 No	Any property damage?	□ Yes	📚 No
My driver's license has been (select one)					
🗆 Suspended 📚 Revoked 📚 Expired			Date of Action		
□ I was charged with the following (select all that apply)					
SDriving Under the Influence					
Driving While Intoxicated			Date of Charge:		
□ Leaving the Scene of an Accident					
Refusal to take Chemical Test for Intoxication					
□ Aggressive Driving*					
Exceeding the Speed Limit by more than 19 mph* *Only if conviction would result in more than 10 points accumulated on the driving record					
I understand that th	is notification n	nay affect my	eligibility to drive on stat	e business.	

I may be required to view a driver safety video and successfully complete a defensive driving course, and I may be subject to other appropriate action.

Signature