



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #115 A1**

MOTOR VEHICLE USE

MOTOR VEHICLE USE DRIVER ACKNOWLEDGEMENT

Employees who drive for state business purposes on behalf of DHS; regardless of the frequency, must use this form to certify that they are qualified to safely operate a vehicle. The recertification happens every 12 months or more frequently if determined reasonable and necessary by the supervisor. By signing this form, I authorize the release of my driving history and certify that I am qualified to safely operate a vehicle for state business purposes on behalf of DHS.

I specifically certify the following: (Please initial on each applicable line.)

I have a valid state – issued license in my possession for operating a vehicle.

I do not currently have more than ten (10) points on my driving record

I agree to use vision correction measures while operating the vehicle, if required by my driver’s license.

I agree to report any ticket received while operating a vehicle for state business purposes on behalf of DHS.

I do not have pending charges, or a conviction within the past six (6) months, for any of the following offenses, and I agree to immediately notify my supervisor using the Driver Notification form should I be charged with one or more of these offenses:

- Driving Under the Influence,
- Leaving the Scene of an Accident,
- Refusal to Take a Chemical Test for Intoxication,
- Aggressive Driving, *
- Exceeding the Speed Limit by more than 19 MPH*

*(Only if a conviction would result in 10 or more points accumulated on the employee’s driving record)

I agree to notify my supervisor using the Driver Notification form immediately upon:

- The Suspension, Revocation, or Expiration of My Driver’s License
- Receipt of a Ticket While Driving for State Business Purposes for DHS.
- An On-The- Job Accident While Driving for State Business Purposes for DHS.

I have reviewed and understand the Driver Safety Tips.

First Name	Middle Name	Last Name	Date of Birth	License #	State

Signature

Date

Original to Supervisory File – Copy to Employee – Copy to Human Resources