MOTOR VEHICLE USE PROGRAM DRIVER ACKNOWLEDGEMENT

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 safely operate the vehicle.

| this form, I certify that I am qualified to safely operate a vehicle for ess. I specifically certify the following: (Please initial on each line.) |
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| 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 driver's 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 any of 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. |
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| Signature |
| Printed Name |
| |

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