

Clear Form



Insurance & Claims Management

Finance & Administration

UNIVERSITY OF GEORGIA

Print Form

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.

By signing this form, I certify that I am qualified to safely operate a vehicle for state business. I specifically certify the following: *(Please initial on each line.)*

_____ 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 have not had an "at fault" motor vehicle accident in the past 6 months.

_____ I do not have pending charges, or a conviction, for any of the following offenses, and I agree to immediately notify my supervisor using Motor Vehicle Use Program Driver Notification 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 20 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 Motor Vehicle Use Program Driver Notification 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 UGA MVR Policy.

Signature

Date

Printed Name

Documents may be submitted via email to INSURANCEADMIN@UGA.EDU or by mail to:

Vance Silcott
University of Georgia
Hodgson Oil Building - Suite 200
South
286 Oconee St.
Athens, GA 30602