

## MOTOR VEHICLE USE POLICY DRIVER ACKNOWLEDGEMENT

*Before operating a vehicle for the College of Coastal Georgia, employees as designated by the Motor Vehicle 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 College business. I will abide by the University System of Georgia and the College of Coastal Georgia Motor Vehicle Use policies. I am aware that these policies are located on the College's website. 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.  
(initial)

\_\_\_\_\_ I do not currently have more than 10 points on my driver's license.  
(initial)

\_\_\_\_\_ I agree to use vision correction measures while operating the vehicle, if required by my driver's license.  
(initial)

\_\_\_\_\_ I agree to report any ticket or warning that I receive while operating the vehicle on college business.  
(initial)

\_\_\_\_\_ I have not had an "at fault" motor vehicle accident in the past 6 months.  
(initial)

\_\_\_\_\_ 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 HR using the Driver Notification Form 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\*.  
(initial)

\_\_\_\_\_ I agree to notify HR of any changes involving the above initialed items before I operate a vehicle for college business.  
(initial)

\_\_\_\_\_ I agree to notify HR using the Driver Notification Form immediately upon License Suspension, Revocation, or Expiration.  
(initial)

\_\_\_\_\_ I understand that I may be subject to a MVR background history check in order to comply with the CCGA Motor Vehicle Use Policy.  
(initial)

\_\_\_\_\_ I will notify my HR immediately of motor vehicle traffic violations or accident.  
(initial)

\_\_\_\_\_ I acknowledge that I have viewed the Driver Training presentation in its entirety. I understand that if I have questions that were not addressed in the training, I can contact Human Resources.  
(initial)

\_\_\_\_\_ I am aware that I must complete the Fuel Card Acknowledgement Training.  
(initial)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date