DRIVER QUALIFICATION PROCEDURE
DRIVER ACKNOWLEDGEMENT

Before operating a vehicle for state business for the State of Georgia, employees must use this form to certify they are qualified to safely operate the vehicle. Employees who infrequently operate a vehicle for state business will be required to certify before each trip. Employees who routinely operate a vehicle for state business will be required to complete a new form every six (6) months.

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

_____ I have a valid driver's license for operating a vehicle – a photocopy of which is attached.

_____ I do not currently have ten (10) or more violation points on my driver history records.

_____ I agree to use vision correction measures while operating a vehicle if required by my driver's license.

_____ I do not currently have a health condition nor am I taking any medication or other substance that may impact my ability to safely operate a motor vehicle.

_____ I agree to report any traffic citation, ticket, or warning that I receive while operating a vehicle on state business.

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

_____ I do not have a pending charge(s) or a conviction within the past six (6) months for any of the following offenses: Driving Under the Influence (DUI), Driving While Intoxicated (DWI), Leaving the Scene of an Accident, Refusal to take a Chemical Test for Intoxication, Aggressive Driving*, Exceeding the Speed Limit by more than nineteen (19) MPH*. Additionally, I agree to notify my immediate supervisor no later than the next business day using the Driver Notification Form if I am charged with one (1) or more of the above referenced offense(s).

_____ I agree to notify my immediate supervisor of any changes involving the above initialed items before I operate a vehicle on state business.

_____ I agree to notify my immediate supervisor using the Driver Notification Form if my license expires, is suspended or revoked by no later than the business day following notification of the license action.

_____	_____	_____
Printed Name	**Signature**	**Date**

*Only if conviction would result in ten (10) or more violation points accumulated on the driver history.