GEORGIA COLLEGE
GEORGIA'S PUBLIC LIBERAL ARTS UNIVERSITY

Motor Vehicle Use Program
Driver Acknowledgement

Before operating a vehicle for state of Georgia business, employees must use this form to certify that they are qualified to safely operate the vehicle. Employees who drive on state business, regardless of the frequency, must use this form to recertify every 12 months.

By signing this form, I authorize the retrieval of my driving history and also certify that I am qualified to safely operate a vehicle for state business.

I understand that any of these offenses may result in the revocation of my authorization to use a motor vehicle as part of my employment:

- Driving Under the Influence,
- 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*.

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

I specifically certify the following: (Initial for each statement.)

I have a valid license for operating the vehicle. _____

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 do not have pending charges, or a conviction within the past 6 months, for any of the offenses listed above, and I agree to immediately notify my supervisor using Form RMS101-2 should I be charged with one or more of the offenses listed above. _____

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 Form RMS101-2 immediately upon License Suspension, Revocation, or Expiration. _____

I have reviewed and understand Form RMS101-4, Driver Safety Tips. _____

Select one:

- ☐ New Issue
- ☐ Renewal

Select all that apply:

- ☐ I drive on Georgia College business, using a personal or rented vehicle.
- ☐ I drive a motorized golf cart, but do not have a WEX PIN.
- ☐ I routinely drive a Georgia College vehicle and have been issued a WEX PIN.

_____

First Name *Middle Name* *Last Name*

GC Email _____

Date of Birth _____ Department _____

License State _____ License Number _____

_____

Signature

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