

## MOTOR VEHICLE USE PROGRAM DRIVER ACKNOWLEDGEMENT

*Before operating a vehicle for State of Georgia business, volunteers, as designated and defined by the UGA Student Affairs Motor Vehicle Use Policy for Volunteers, 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 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 UGA Student Affairs personnel 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 UGA Student Affairs personnel of any changes involving the above initialed items before I operate a vehicle for state business.

\_\_\_\_\_ I agree to notify UGA Student Affairs personnel immediately upon License Suspension, Revocation, or Expiration.

\_\_\_\_\_ I have reviewed and understand the content of *Driver Safety Tips*.

\_\_\_\_\_ I understand that I will be subject to a MVR background history check in order to comply with the UGA Student Affairs Motor Vehicle Use Policy.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

DRIVER'S LICENSE INFORMATION (please print)					
First Name	Middle Name	Last Name	Date of Birth	License #	State

**Dates covered by this agreement (not to exceed one calendar year from date of signature):**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_