

Before operating a vehicle for state of Georgia business, employees, unpaid affiliates, and recognized volunteers 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 check 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 my supervisor using FVSU 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*.

- 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 FVSU Driver Notification form immediately upon License Suspension, Revocation, or Expiration.
- I understand that the University's liability coverage applies only to vehicles driven by FVSU employees within the course and scope of their employment and only while on official University business.
- I understand that I may be subject to a MVR background history check in order to comply with the USG MVR Policy.

I am responsible for the condition of a State used vehicle and will make every reasonable effort to return the vehicle in substantially the same condition as it was received. I also understand that I, or my department, will be financially responsible for any damages not covered by University Insurance.

I have read and understand Fort Valley State University's Vehicle Usage Policy.

Print Name Date:

Signature _____

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