

Fort Valley State University's (FVSU) Campus Police and Transportation Departments are authorized to conduct annual driver's license checks on all employees operating vehicles owned by the university, State of Georgia (SOG), or its affiliates.

Employees in full-time, part-time, and/or temporary status who will routinely operate a vehicle for FVSU or conduct official State travel business will be required to provide a copy of his/her driver's license once each calendar year for review. New hires must submit the request after the hiring process and will not be required to submit again until the following calendar year.

A visual inspection of the driver's license must be conducted by a supervisor with an affixed approval signature below acknowledging the review. The employee must also sign and submit to Transportation Department within ten (10) business days after receipt of the form.

WARNING - Smoking, tobacco products, and the use of cellular phones or other distracting devices, while operating FVSU and/or other State of Georgia vehicles is prohibited. Any provisions for nominally allowable cellular phone usage will be clearly outlined in the Vehicle Usage Policy

I acknowledge that my driver's license is valid; I am able to operate a FVSU/State owned vehicle; and I will operate the FVSU/State owned vehicle in accordance with FVSU and USG vehicle policies.

Last Name	<input type="text"/>	Phone Number	<input type="text"/>
Middle Name	<input type="text"/>	Email Address	<input type="text"/>
First Name	<input type="text"/>	License #	<input type="text"/>
Employee #	<input type="text"/>	License Exp Date	<input type="text"/>
Job Title	<input type="text"/>	State	<input type="text"/>
Driver Department	<input type="text"/>	Country	<input type="text"/>

As the supervisor of the above named employee, I do hereby certify the driver's license of the above named employee has been visually inspected.

Any adverse driver's license information derived from any annual driver's license check conducted by campus police and department of transportation will be shared with the employee and his/her supervisor.

Supervisor's Name

Signature _____ Date _____

For Office Use

Approved	<input type="text"/>	Date	<input type="text"/>
Denied	<input type="text"/>	Date	<input type="text"/>