

Augusta University
Facilities Services Division
Driver Certification and Acknowledgement

Before operating a vehicle for state of Georgia employees as designated by the Motor Vehicles Use Policy must certify that they are qualified to safely operate the vehicle.

Please initial by each statement.

I certify that I am qualified to safely operate a vehicle for state business. I specifically certify the following:

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

_____ I understand that I may be subject to a motor vehicle records background history check in order to comply with the USG MVR Policy.

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

Augusta University Driver Certification Form

<i>Please complete the following information and submit</i>	
First, Middle and Last Name (Legal Name-No Nick Names)	
Driver's License Number	
State	
Date of Birth	
Department	
Supervisor's Name	
Supervisor's Email	
Supervisor's Extension	
Does this employee need to purchase fuel? <i>(Supervisor, if the answer is yes, please sign this block)</i>	<div style="display: flex; align-items: center; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> YES </div> <div style="text-align: center;"> <input type="checkbox"/> NO </div> <div style="border-bottom: 1px solid black; width: 200px; margin-left: 20px;"></div> </div> <p style="text-align: right; margin-top: 5px;"><i>Supervisor's Signature</i></p>

I have reviewed Augusta University Policy and Procedures, "Vehicle Operator Policy" and acknowledge the statements above. I authorize Vehicle Services to receive a copy of my MVR history.

Also, I agree to use only the WEX fuel card and my assigned pin number when fueling any AU vehicle.

Signature _____ Date _____

To submit, please either scan it to vehicle_services@augusta.edu or fax it to 706-731-7970, Attn: Betty Eason

Vehicle Services Use Only

Expired	Suspended	Valid
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Date received _____
Date checked _____