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# MOTOR VEHICLE USE PROGRAM DRIVER NOTIFICATION

Employees are to use this form to notify their supervisor of activities that may affect their eligibility to operate a motor vehicle for state business.

Employee Information			
Employee Name		Employee ID	
Work Unit		Frequency of driving on state business <input type="checkbox"/> Weekly or more often <input type="checkbox"/> Infrequently	
Reported Activity (Select all that apply)			
<input type="checkbox"/> I received a traffic citation while driving on state business			
Date Received			
Charge			
<input type="checkbox"/> I was involved in an on-the-job accident while driving on state business			
Date of accident			
Any injuries?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Any property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> My driver's license has been (select one)			
<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Expired		Date of Action	
<input type="checkbox"/> I was charged with the following (select all that apply)			
<input type="checkbox"/> Driving Under the Influence <input type="checkbox"/> Driving While Intoxicated <input type="checkbox"/> Leaving the Scene of an Accident <input type="checkbox"/> Refusal to take a Chemical Test for Intoxication <input type="checkbox"/> Aggressive Driving* <input type="checkbox"/> Exceeding the Speed Limit by more than 19 mph*		Date of Charge _____	
* Only if conviction would result in more than 10 points accumulated on the driving record.			

I understand that this notification may affect my eligibility to drive on state business. I may be required to view a driver safety video and successfully complete a defensive driving course, and I may be subject to other appropriate action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date