



SAVANNAH STATE UNIVERSITY
Motor Vehicle Use Program
Driver Acknowledgement

Before operating a vehicle for state of Georgia business, employees 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. 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 my supervisor using SSU 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 SSU Driver Notification form immediately upon License Suspension, Revocation, or Expiration.
- _____ I understand that I may be subject to a MVR background history check in order to comply with the USG MVR Policy.
- _____ I have read and understand Savannah State University's Vehicle Usage Policy.
- _____ I understand that the University's liability coverage applies only to vehicles driven by SSU employees within the course and scope of their employment and only while on official University business.
- _____ While using a SSU vehicle I am responsible for its condition and will make every reasonable effort to return the vehicle in substantially the same condition as I received it, ordinary wear and tear expected. I also understand that I or my department will be financially responsible for any damages not covered by University Insurance.
- _____ I have watched the 6 minute DOAS Vehicle Training video on the University's Risk Management Website (<http://www.savannahstate.edu/risk/vehicle-training.shtml>)

Signature

Vehicle Number

Printed Name

Department

Date

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