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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	<b>Frequency of driving on state business</b> <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		Date of Charge _____	
<input type="checkbox"/> Driving While Intoxicated		Date of Charge _____	
<input type="checkbox"/> Leaving the Scene of an Accident		Date of Charge _____	
<input type="checkbox"/> Refusal to take a Chemical Test for Intoxication		Date of Charge _____	
<input type="checkbox"/> Aggressive Driving*		Date of Charge _____	
<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.

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Signature

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Date