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| **Initiated by:**   **Date**: | | | | |
| **Driver Name**:  **Employer** **ID#**: | | | | |
| **Department or Division**: | | | | |
| **Supervisor Name**: | | | | |
| **Supervisor Phone #:**  **E-Mail Address**: | | | | |
| **Reason For Request:**  (Please attach a copy of the citation and/or a copy of the Motor Vehicle Record) | | | | |
| **Driver Justification Statement Requesting Driving Privileges**:  (Please attach a copy of the citation and/or a copy of the Motor Vehicle Record) | | | | |
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| **Supervisor Justification Statement Review Date:** | | | |
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|  | | | | |
|  | | | | |
| **Signature Date** | | | | |
| **ASEDRA Administrator Name:**  **Review Date:** | | | |
| **ASEDRA Points:** | **VIRC Points:** | | **Total Points:** | |
| **ASEDRA Reported Driving Violations and Status** | | | | |
| **ASEDRA-Change in status Date:** | | **VIRC-Change in status Date:** | | | |
| **ASEDRA Coordinator Signature Date** | | | | |

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| **Division/Assistant Director Recommendations:** |
| **Reinstate Driving Privileges:**  **Division/Assistant Director Signature Date** | | |
| **Director’s Decision:** |
| **Reinstate Driving Privileges:** | | |
| **Driver is allowed to drive between the hours of**  **to** | | |
| **From the date of:**  **To the date of:** | | |
| **Director’s Signature Date** | | |

**Acceptance of Terms of Restricted Driving Privileges**

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| I agree to comply with the above driving limitations authorized by the agency director. I will report any additional activity recorded on Motor Vehicle Record to my supervisor within twenty-four (24) hours of any action occurring.    I understand driving for the State of Arizona is a privilege and not a right and will comply with all policies and rules defined in the [Agency’s] Motor Fleet Safety Policy.  I understand my Motor Vehicle Record will be reviewed monthly. |
| **Driver Signature Date** |

**Supervisor’s Acknowledgement of Terms for Authorizing Driving Privileges**

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| I have read the restrictions that are being placed on this driver and agree to comply with all terms and conditions of the agreement. |
| **Supervisor Signature Date** |

(Return Original to Agency ASEDRA Administrator, with a Copy to HR)