I have received a copy of and read the Enter Agency Name Here Motor Fleet Safety Procedures. I understand that as an authorized driver to operate a personally owned vehicle or fleet motor vehicle for the furtherance of State business purposes, I must have an acceptable driver’s record and complete all applicable drivers training as required by Arizona Administrative Code R2-10-207 12. I understand I must follow Arizona traffic laws, report any change of status to my driving record, and report any involvement in a collision in a State or personally owned vehicle being used for State business to my supervisor or manager. I understand that any suspension of my driving privileges could result in disciplinary action. I understand in order to drive my personal vehicle for the furtherance of State business purposes I must maintain the statutorily required liability insurance and I must provide a copy of my personal vehicle insurance information. I understand I may be asked and would be responsible for providing a copy of my thirty-nine month motor vehicle record history if I do not have a current Arizona driver’s license.

I understand that The Driver Protection Privacy Act of 1994, amended 9/97, prohibits the release of my MVR data for other than bona fide driver selection and supervision activities. I understand I must provide a copy of my current driver license and that there will be periodic reviews of my Motor Vehicle Record for the limited purposes noted above.

Driver Name (print):       Agency/Company/Organization Name:

Driver’s License #:       Date of Birth:

Phone # (work):       Phone # (other):       Signature:

I am requesting **to be** or **not to be** an authorized driver. Insert answer ( to be or not to be an authorized driver)

I, Enter Supervisor's Name Here, recommend that the above driver for driving a motor vehicle while on State business.

**Enter Contract or Agreement Number Here**

Supervisor’s Signature: Supervisor’s Phone #:

I, Agency Directors Name Here, approve the above contractor, volunteer or intern to be an authorized driver.

Director’s Signature: Date:

**Vehicle Information**  
Please check the box next to the vehicle(s) you will be operating while on State business.

State Vehicle – *State Employee Driver Training RM29* required

Van (designed for 9 to 15 passengers) – *RM29*; *Van Dynamics VAN101INTR*; and *Behind the Wheel VAN102BW* required

Golf Cart /Utility Vehicle – *Golf Cart Training Class DD100GC* required

Forklift – *Forklift/Powered Industrial Vehicle OSH100PIT* required

**Personally Owned Vehicle**

Complete the following if you drive your personally owned vehicle and your job position description questionnaire (PDQ) or similar document requires you to drive on State business.

Vehicle Year, Make and Model:      ,      ,

Insurance Company, Policy Number, and Coverage Dates:      ,      ,

Supervisor Approves use of Personally Owned Vehicle: \_\_\_\_\_\_\_\_\_\_

(*Signature*)