

DSP Driver Acknowledgement Form

- The company (company name) has provided me (driver name) with a copy of the policies defining use of company vehicles. A company official has reviewed these policies with me, and I understand and agree to comply with them.
- I agree to abide by all maintenance requirements outlined in this policy.
- I have received a copy of the Accident Reporting instructions and have been trained on its use in the event of an accident. I agree to comply with its instructions and understand that it is my responsibility to inform my direct supervisor as soon as possible following any accident or incident. I further understand that it is my responsibility to notify proper law enforcement agencies as soon as possible and to prepare a written report describing the accident events.
- I agree not to operate any vehicle while under the influence of drugs or alcohol. I fully understand that, should I be found operating a company vehicle while under the influence of drugs or alcohol, it shall constitute grounds for immediate revocation of driving privileges.
- I agree to drive only when I am alert and in full control of my assigned vehicle. If I am not, I will not drive or pull over until such time as I am fully in control.
- I agree to abide by all federal, state and local laws and ordinances regarding the operation and storage of the company-assigned vehicle. In addition, I understand that it is my responsibility, as a holder of a driver's license, to remain informed of and to fully comply with current and future laws and ordinances governing the operation and storage of motor vehicles.
- I understand that I must report to the company any suspension, revocation or cancellation of a driver's license prior to the operation of a company vehicle or any vehicle on company business.
- I agree to allow the company to request copies of my Motor Vehicle Report as often as the company sees fit.
- I understand that my use of any company vehicle or privilege to drive on company business may be revoked or restricted in accordance with the provisions outlined in company policies, which I have read and reviewed.
- Should the revocation or suspension of these privileges affect the performance of my assigned job responsibilities, I understand that this may constitute grounds for suspension without pay or dismissal from my position.
- I understand and agree that using handheld devices are dangerous and distracting and I agree not to operate a company vehicle or my personal vehicle, on company business, while doing so.

Certification:

I have read the above and agree to abide by this policy statement.

Employee: _____ Date: _____

Supervisor: _____ Date: _____