



**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. I 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Vehicle Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

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