

Authorized Driver Acknowledgement Form

In accordance with the Department of Enterprise Services Policy No. BR.01.01 Enterprise-Wide Transportation Policy, I, the undersigned, acknowledge that on the date indicated below I reviewed, at a minimum, State Driver Responsibilities and State Driver Standards in the Enterprise-Wide Transportation Policy and agree to comply with the requirements established in the policy. I further agree to immediately inform my supervisor should my license be revoked or suspended for any reason. I understand that any behavior not adhering to the Enterprise-Wide Transportation Policy will result in disciplinary action by my agency per RCW 43.19.635 Motor vehicle transportation service—Unauthorized use of state vehicles—Procedure—Disciplinary action.

Office or Department _____

Date

Driver's Printed Name

Driver's Signature

This acknowledgement form will be maintained in the employee's file.