

**Printed Name:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**VEHICLE USAGE CERTIFICATION**

I, the undersigned, make this certification to be placed in my personnel files. I understand this certification applies when driving a state vehicle or personal vehicle while conducting official business.

**I CERTIFY:**

1. I have a valid driver's license:

Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

2. I am required to notify my division director immediately if my driver's license is suspended, revoked, or becomes invalid for any reason.

3. I am aware of the rules and policies outlined in the ODAFF Employee Handbook regarding the use of state vehicles or personal vehicles while conducting official business.

4. I will follow all applicable laws, rules, and ODAFF or division policies.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date of Signature