



STATE OF WEST VIRGINIA  
 DEPARTMENT OF ADMINISTRATION  
 FLEET MANAGEMENT DIVISION  
 2101 WASHINGTON STREET, EAST  
 P.O. BOX 50121  
 CHARLESTON, WEST VIRGINIA 25305-0121

**DEFENSIVE DRIVING TRAINING AND DMV DRIVER'S LICENSE RECORD**

I, \_\_\_\_\_ have successfully completed the Defensive Driving  
 (print Driver's full name)

Training. I understand that completion of this course is required before I am authorized to drive a state-owned or leased vehicle and that two hours of defensive driving training be repeated on an annual basis to remain eligible.

I further acknowledge that a copy of my valid driver's license and last 4 digits of my social security number will be placed in my driver file.

Any change to the status of my driver's license must be communicated to my manager within 48 hours of the infraction.

\_\_\_\_\_  
 Driver Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agency Fleet Coordinator Signature

\_\_\_\_\_  
 Date

For the documentary purpose of this record, by entering each name in the fields above, the driver and supervisor are exercising their intent to attest to the accuracy of this document.



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I, \_\_\_\_\_ (print name), agree to the following regarding my use of any State of West Virginia fuel card:

1. I understand that I will make financial commitments on behalf of my agency (entity) and the State of West Virginia. I will strive to obtain the best value for the State. I also understand that I am to take measures to protect the fuel card against loss, theft, or damage. If loss, theft, or damage occurs, I will report it immediately to my Agency Fleet Coordinator.
2. I understand that under no circumstances will I use the fuel card to make personal purchases, either for myself or for others. Willful intent to use the fuel card for personal gain will result in disciplinary action up to and including termination of employment and initiation of **mandatory criminal investigation and prosecution**. I will follow established procedures for using my fuel card, including retention of receipts for all purchases according to the Fleet Management Division Policies and Procedures Manual and my agency (entity) policy. Failure to do so may result in revocation of my use privileges or disciplinary action. Additionally, I will follow all agency (entity) and State of West Virginia purchasing requirements as they relate to the State of West Virginia fuel card.
3. I agree to cooperate with any agency (entity) or Fleet Management Division employee engaged in auditing or otherwise investigating use of the fuel card.
4. I will not reveal my Personal Identification Number (PIN), either in writing or verbally, to any other party, including other employees and merchants. I also understand that the monthly invoice from the fuel card provider will indicate my name as the responsible party if my PIN is used.
5. I received access to my agency (entity) fuel card policies and the Fleet Management Division Policies and Procedures Manual, in print or electronic form; received training on card use and policies; and understand the requirements for using the fuel card.

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

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Print State Agency/Governmental Entity



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## Fleet Management Programs Driver Acknowledgement

I have received the training in the Fleet Management Programs. I understand that it is my responsibility to adhere to all policies regarding these programs. I also understand that it is my responsibility to observe all laws, ordinances, and rules governing the operation of a State-owned motor vehicle.

\_\_\_\_\_  
**Driver Name (Print)**

\_\_\_\_\_  
**Driver Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Name (Print)**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

For the documentary purpose of this acknowledgement, by electronically entering each name in the signature fields above, the driver and supervisor are exercising their intent to sign the acknowledgement and attest to its accuracy.