



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

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.