DRIVER TRAINING CERTIFICATION

Volunteer printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify I have read and will abide by the guidance and directive herein for the DRIVER SAFETY MANUAL, LICENSE REQUIREMENTS, FLEET CARD REQUIREMENT and VAN OPERATION MANUAL.

STATEMENT OF UNDERSTANDING FOR THE GOVERNMENT FLEET CARD PROGRAM

The Government Fleet Charge Card Program is designed to improve purchases by streamlining the process with which the management of fuel and services are purchased for Government owned vehicles. I understand that I am authorized to use the Fleet Card only for those purchases necessary and reasonable for the vehicle it has been assigned to. I will abide by the instructions issued to me by the Department of Veterans Affairs (VA) and the Facility Fleet Manager or his\her designee. I will receive prior authorization from Fleet Management on repairs that exceed $50.00. If the mileage is not shown on the receipt please hand write the mileage on the fuel receipt, turn in all receipts, repair orders and vehicle logs (VA-10-1281) at the end of each month.

1. I will adhere to all rules and regulations with respect to the Fleet Card Program.

2. I will use the Fleet Card only for Agency owned Vehicles (GSA vehicles carry their own).

3. I will secure the keys and credit card when not in use; this is in a locked storage area.

4. I will ensure that the fuel receipts have the following, mileage, number of gallons, cost per gallon,

type of fuel, total cost and plate number and that all are legible.

5. I will report lost\stolen keys & or credit cards to Fleet Management immediately.

6. I will complete all training as required and submit documentation to Fleet Management office as

required.

7. I acknowledge that I may be personally liable to the Government for the amount of an unauthorized,

transaction and may be subject to criminal prosecution for intentional misuse of the credit card or the

vehicle.

I also understand failure on my part to abide by these rules or other misuse of the Fleet Card may result in disciplinary and or administrative action being taken against me. I also acknowledge that the A/OPC may revoke or suspend my Fleet Card privileges if I fail to abide by the terms of this agreement. A copy of this statement will be kept on file in Voluntary Service.

Driver’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Statement: I confirm that the above listed driver’s license is valid and will notify the Charleston Fleet Vehicle Management Office immediately if my license is ever under suspension.   I understand that use of a government vehicle while my driver’s license is suspended may be cause for administrative or adverse action.  I understand that I must provide new driver’s license information and complete a new form upon receipt of a newly issued driver’s license.

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_