

OKLAHOMA DEPARTMENT OF REHABILITATION SERVICES

DRIVER'S LICENSE AND LIABILITY INSURANCE ATTESTATION

PLEASE PRINT:

Driver Name

Job Location

County

Drivers License #

State of Issuance

Expiration Date

Insurance Coverage/Carrier

Expiration Date

I UNDERSTAND AND WILL OBSERVE ALL THE FOLLOWING RULES:

1. Will use a state vehicle for state business only;
2. Will observe all traffic laws;
3. Will wear the safety belt at all times;
4. Will not allow an unauthorized person to drive the vehicle; and
5. Will notify the DRS Materiel Management Section of the Central Departmental Services Unit in case of accident within 24 hours.

Signature

Date

MOTOR POOL USERS MUST HAVE THIS COMPLETED FORM ON FILE, PRESENT THE VEHICLE REQUISITION AND SHOW THEIR DRIVER'S LICENSE TO THE DISPATCHER.