|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TRANSPORTATION - DRIVER CERTIFICATION | | | | NO. 680 | |
| POLICY:  It is the policy of the facility that personnel who drive facility owned/leased vehicles be certified through an organized program.  PROCEDURE:   1. In an employee's position in which they may be required to drive a facility vehicle, personnel shall fill out a Driver Information Form and Request for Abstract Information available from the Coordinator of Transportation.    * 1. The request form will be forwarded to the Illinois Department of Motor Vehicles for appropriate verification of information.      2. A state of residency operator's license must be presented to the Coordinator of Transportation for verification.      3. Driver must present information that documents they have personal driving liability insurance. 2. Personnel are required to attend a class on defensive driving (see lesson plan). 3. Certification and documentation shall be the responsibility of the Coordinator of Transportation or their designate. 4. Failure have a valid driver's license or non-attendance to the defensive driving class will disqualify an individual from driving any facility vehicle, or may be cause for termination of employment, if driving or ability to drive is required as a part of the employee's job description.   Attachments:  Driver Information Form | | | | | |
| Approved: | Effective Date: | Revision Date:  3/17 | Change No.: | | Page:  1 of 2 |

DRIVING TRAINING RECORD

Employee's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named employee has completed the following requirements necessary to receive certification to drive the facility vehicles.

Requirement

Date Completed

Defensive Driving Class

Driver License Checked

Validation of Insurance Coverage

Remarks:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has been certified to drive the

(name of driver)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on this date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(type of vehicle)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Coordinator of Transportation

This record is filed in the Coordinator of Transportation Office and a copy has been sent to the employee's supervisor.