



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.