

**DEPARTMENT ON DISABILITY SERVICES**  
**ANNUAL REQUEST FOR DRIVING RECORD AND SELF- REPORTING FORM**

ALL DDS EMPLOYEES WHO OPERATE A VEHICLE FOR DISTRICT GOVERNMENT BUSINESS MUST COMPLETE SECTIONS A&B.

**Section A** TO BE COMPLETED BY ALL DDS EMPLOYEES WHO OPERATE VEHICLES FOR DISTRICT GOVERNMENT BUSINESS

Employee Name: \_\_\_\_\_  
(Last) (First) (Middle)

**Section B** TO BE COMPLETED BY ALL DDS EMPLOYEES WHO OPERATE VEHICLES FOR DISTRICT GOVERNMENT BUSINESS

I understand that I must request and receive prior written approval from my supervisor for each visit that I require the use of my personal vehicle. I will adhere to the DDS Vehicle Operations Policy.

Driver's License No.: \_\_\_\_\_

Please circle jurisdiction issuing license: DC MD VA Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

For DC licensed Drivers:

My signature below authorizes the D.C. Department of Motor Vehicles to forward a copy of my driving record for the past twelve (12) months to the District of Columbia, Department on Disability Services, Human Capital Administration, 1125, 15<sup>th</sup> Street, NW, Washington DC 20005.

\_\_\_\_\_  
(Employee's Signature) (Date)

Employees licensed in any jurisdiction other than DC are responsible for obtaining and providing an official copy of their driving record to the HCA.

In accordance with the provisions Public Law No. 91-508, I hereby certify that the information requested above will be used to verify that the employee has a valid driver's license and that the information received will not be used for any other purpose.

\_\_\_\_\_  
Human Capital Administrator, DDS Date