

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
VEHICLE OPERATOR'S ACKNOWLEDGEMENT FORM**

**Employee Name:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ Department on Disability Services \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**I. Operation of a vehicle for government business**

- A. Performance of my duties on behalf of the Government of the District of Columbia requires my operating a government or authorized vehicle on government business. I acknowledge that it is my responsibility to operate any government or authorized vehicle in a safe manner and in full compliance with the law. This includes regular use of seat belts, strict adherence to speed limits, traffic lights and signs, compliance with parking restrictions, and strict adherence to prohibitions and requirements for the prevention of distracted driving.
  
- B. I understand and agree that I am solely responsible for any notices of infraction received as a result of operating, or having custody of, a vehicle on District government business, including parking tickets, red-light camera tickets, and speeding tickets. I agree to answer any such notices of infraction within thirty (30) days of receipt. I agree to report any notices of infraction received as a result of operating, or having custody of, a vehicle on District government business, as well as any vehicular accidents to my designated supervisor or manager immediately. I agree to complete and submit the Motor Vehicle Accident Report Form to my designated supervisor or manager within forty-eight (48) hours of a vehicular accident.
  
- C. I agree to maintain a valid driver's license sufficient to permit me to operate a vehicle lawfully on District government business. I agree to provide a copy of my driver's license to my designated supervisor or manager annually and otherwise at my agency's request. I further agree to notify my designated supervisor or manager of any change in the status of my driver's license by my next scheduled work day. If my driver's license was issued by a jurisdiction other than the District of Columbia, I agree to obtain verification of the status of my driver's license and my driving record from the issuing jurisdiction at my agency's request.
  
- D. I understand and agree that I may not transport non-District government employees in a government or privately owned vehicle while on District government business unless such transportation is permitted by agency policy and I have been expressly authorized in writing to do so by my agency. I further understand and agree that, unless my agency expressly provides otherwise in writing, driving to or from work is neither District government business nor within the scope of my employment.

**II. Use of privately owned vehicles by District employees:**

- A. I understand and agree that I may use a privately owned vehicle for District government business, within the scope of my employment, only at the discretion of and with the approval of my designated supervisor or manager. I understand that I may request a mileage allowance at the rate established under applicable law and regulations for the expenses associated with authorized use of a privately owned vehicle for District government business. I understand and agree that if I am involved in an accident while acting within the scope of my employment in the course of my official duties, my liability for personal injury and property damage to third parties will be governed by the District of Columbia Employee Non-Liability Act, approved July 14, 1960 (74 Stat. 519; D.C. Official Code § 2-411 *et seq.*). I further understand and agree that if I am injured while carrying out District government business, I am limited to making a claim under the Government Comprehensive merit Personnel Act, effective March 3, 1979 (D.C. Law 2-139; D.C. Official Code § 1-623.01 *et seq.*). I understand and agree that the District's liability for property damage to my personal vehicle sustained incident to its authorized use for District government business shall be limited to any settlement the District may make of a claim made under the military personnel and Civilian Employees Claim Act of 1964 (Act), approved August 31, 1964 (78 Stat. 767; 31 U.S.C. § 3721). I understand and agree that the District may, in its discretion, settle such a claim in accordance with the Act and any applicable rules, for an amount that does not exceed \$10,000. I understand and agree that I will not receive compensation for property damage to my personal vehicle resulting from my own negligent or wrongful conduct.
- B. I agree that, if I am authorized to use a privately owned vehicle for government business, I shall identify and use only one vehicle for this purpose. I agree to maintain insurance coverage for this vehicle and for any non-District government employee I am authorized to transport and to report business use of this vehicle to the insurance carrier. I further agree to comply with all applicable registration, inspection and other requirements for the vehicle and to provide proof of compliance with these requirements, and of insurance coverage, to my designated supervisor or manager annually and otherwise at my agency's request. I agree to notify my designated supervisor or manager of any change in the status of automobile insurance coverage or other requirements within three (3) business days of receipt of notice of such change.

I understand that failure to comply with the requirements stated in this notice may result in disciplinary or administrative action against me, up to and including termination of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date