



ACKNOWLEDGEMENT OF DRIVER'S LICENSE REQUIREMENTS

I, _____, an employee of
Print Name

_____ and required to operate a motor vehicle
Agency (Institution, if applicable)

as part of my job, hereby certify that I have been informed of the following requirements of the law governing the operation of motor vehicles.

- ▶ Operation of a motor vehicle in the course of performing my job is prohibited unless I have a current valid driver's license required for the type of vehicle operated.
- ▶ If my job requires a Commercial Driver's License, I agree to notify my employer of motor vehicle convictions (other than parking violations) within 30 calendar days following conviction on a form provided by my employer.

For purposes of this notification, conviction shall mean any violation or failure to comply with a law for which a court issues a judgment of guilty as well as a person's plea of guilty or payment of a fine or court costs by the signing and delivery to the court (by mail or otherwise) of a citation.

- ▶ If my job requires a driver's license of any kind, I agree to notify my employer before the end of the business day following the day I receive notice of suspension, revocation, cancellation of my driver's license, or the loss of the privilege to operate a motor vehicle for any other reason, on a form provided by my employer.

Current Home Address: _____
Street *City, State, Zip Code*

Signature _____
Date

This form will be maintained as part of your official employee file for the duration of your employment with the State of Iowa.