



# State Human Resources Office

Arizona Department of Emergency & Military Affairs

## Motor Vehicle Driver's License Record

The following criteria will be used to evaluate employees' motor vehicle driver's license records.

### Employee/Candidate Must Have:

1. Copy of current, valid driver's license with proper class and endorsements listed for the vehicle(s) operated.
2. Copy of current "Arizona Automobile Insurance" card verifying personal automobile insurance coverage.
3. Documented completion of ADOA "Top Driver" or equivalent Defensive Driving training course.
4. Documented completion of ADOA "Van Safety Program" if employee is authorized to operate a van (8 or more passengers)

### Moving Violation = 3 Points / Preventable Accident = 4 Points

ACCEPTABLE 5 or fewer points	CONDITIONAL 6-8 points	UNACCEPTABLE 9 or more points
Less than 2 moving violations in the last 3 years.	2 moving violations in the last 3 years.	3 or more moving violations in the last 3 years.
Less than 2 preventable accidents in the last 3 years.	2 preventable accidents in the last 3 years.	3 or more preventable accidents in the last 3 years.
	1 moving violation plus 1 preventable accident in the last 3 years.	Any combination of 3 or more moving violations and preventable accidents.

### Agency Action

ACCEPTABLE 5 or fewer points	CONDITIONAL 6-8 points	UNACCEPTABLE 9 or more points
Annual MVR license and insurance status check. Check ride at supervisor's discretion.	<b>6 - 7 points:</b> semi-annual checks and check ride w/ supervisor	Driving privileges suspended until 8 or fewer points accrued.
	<b>8 points:</b> quarterly license & insurance checks & check ride.	

I understand suspension of my driving privileges could result in disciplinary action. I will notify my supervisor immediately should my driver's license become suspended or my driving privileges be revoked.

I understand The Driver Protection Privacy Act of 1994 (amended 09/97) prohibits the release of my MVR data for other than bona fide driver selection and supervision activities, as required by Arizona Administrative Code R2-10-207 12.

I hereby authorize periodic reviews, as noted above, of my Motor Vehicle Record, for the limited purposes noted above.

\_\_\_\_\_  
Employee (Print Name)

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Supervisor (Print Name)

\_\_\_\_\_  
*Supervisor Signature*

\_\_\_\_\_  
*Date*