



STATE OF WEST VIRGINIA  
 DEPARTMENT OF ADMINISTRATION  
 FLEET MANAGEMENT DIVISION  
 2101 WASHINGTON STREET, EAST  
 P.O. BOX 50121  
 CHARLESTON, WEST VIRGINIA 25305-0121

**DEFENSIVE DRIVING TRAINING AND DMV DRIVER’S LICENSE RECORD**

I, \_\_\_\_\_ have successfully completed the Defensive Driving  
 (print Driver’s full name)

Training. I understand that completion of this course is required before I am authorized to drive a state-owned or leased vehicle and that defensive driving training be repeated on an annual basis to remain eligible. I am providing the last four digits of my social security number for driver’s license verification purposes.

I further acknowledge that a copy of my valid driver’s license and last 4 digits of my social security number will be placed in my driver file.

Any change to the status of my driver’s license must be communicated to my manager within 48 hours of the infraction.

\_\_\_\_\_  
 Driver Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Last Four Digits of Social Security Number

\_\_\_\_\_  
 Agency Fleet Coordinator Signature

\_\_\_\_\_  
 Date

For the documentary purpose of this record, by entering each name in the fields above, the driver and supervisor are exercising their intent to attest to the accuracy of this document.