



Annual Motor Vehicle Administration (MVA) Sworn Statement of Affirmation

I _____ hereby understand and acknowledge that St. Mary's County Government has my permission and will obtain a copy of my Motor Vehicle Administration (MVA) driving record made available by use of the Direct Access Records System (DARS) which verifies the current status of my driving record, and will periodically conduct annual monitoring of my driving record.

I also understand that it is my responsibility to notify my supervisor should I receive any moving violations no later than the next workday.

An unacceptable driving record may result in disciplinary action, up to and including termination, for those personnel in which their position requires a valid driver's license.

Printed Name of Employee/Volunteer

Date

Signature of Employee/Volunteer

Date of Birth: _____ / _____ / _____

Driver's License Number: _____

State: _____