

AFC Unit \_\_\_\_\_

A130.300

VEHICLE SAFETY PROGRAM EMPLOYEE DATA

Employee Name \_\_\_\_\_

Position No \_\_\_\_\_ Social Security Number \_\_\_\_\_

Job Title \_\_\_\_\_ Office and Location \_\_\_\_\_

Copy of current Driver's License attached: Yes \_\_\_\_ Expiration Date \_\_\_\_\_

Points accumulated: (Date – Type of Violation – Points)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATION OF INSURANCE COVERAGE FOR MILEAGE

REIMBURSEMENT CLAIM

I, \_\_\_\_\_, hereby certify that I have the attached insurance on my privately owned vehicle(s).

Current Liability Insurance Certification Attached: Yes \_\_\_\_ Expiration Date \_\_\_\_\_

Should any of the attached information change in the future, I will immediately notify my supervisor and will make no claim for mileage reimbursement while not insured.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date