



United States Department of the Interior

INDIAN AFFAIRS

Incidental Operator* Motor Vehicle Operator's Certification

I acknowledge that I am required to operate a motor vehicle as part of my employment with Indian Affairs. I hereby certify that I possess a valid state driver's license for the vehicle(s) that I am required to operate as part of my official duties. I further certify that my state driver's license has not been suspended, revoked, or canceled.

I agree to immediately inform my Immediate Supervisor if at any time after signing this certification:

- A. My state Driver's License should be suspended, revoked, canceled, or if I should be disqualified from motor vehicle operation at any time.
- B. I receive any tickets/driving violations that occur *while driving for official business* (speeding ticket, use of cellphones and smartphones while driving, etc.)

I agree to operate motor vehicles in a safe and prudent manner, and exercise a reasonable degree of care, skill, and judgement in the performance of my duties.

I agree not to operate a motor vehicle while under the influence of alcohol or drugs (including prescription medications that may affect the ability to drive safely) nor while sick or suffering from excessive fatigue or emotional stress.

I agree to refrain from the use of cellphones and smartphones while the vehicle is in motion when driving Government vehicles or privately-owned vehicles (POV) while on official Federal Government business.

I agree to ensure that all vehicle occupants wear safety belts.

I agree to ensure that all vehicle occupants refrain from the use of tobacco products while in Indian Affairs-provided vehicles.

I understand that any false statement on this form constitutes a violation of Title 18 of the U.S. Code Section 1001 and is punishable by a fine of up to \$10,000 or 5 years imprisonment, or both.

Name of Employee: _____

Signature of Employee: _____

Date Signed: _____

*An Incidental Operator is any employee who is required to operate a motor vehicle in order to properly carry out his/her assigned duties but whose principal duties are not operating a motor vehicle and his/her position is not classified as a motor vehicle operator. This form must be completed annually by the Incidental Operator and submitted to the employee's Immediate Supervisor. The supervisor must submit a copy to the servicing safety office within ten (10) business days.