



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health



PERSONAL VEHICLE ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, have notified my automobile insurance carrier (by letter or phone) that I use my personal vehicle for official District government business. I have provided evidence to the District of Columbia Government/Department of Health (DOH) of insurance coverage via Certificate of Insurance from my insurance carrier and proof of compliance with all registration, inspection, and other requirements applicable to the vehicle. I will notify the District of Columbia Government/DOH within three (3) days of any change in my automobile insurance coverage, including Notification of Cancellation; or compliance with other requirements.

I agree to maintain appropriate insurance coverage for this vehicle and for any District employee, client, or other individual I am authorized to transport for official government business.

I understand that failure to comply with this requirement may result in disciplinary or administrative action against me, up to and including termination of employment.

**Acknowledgement:** This is to certify that I have read the DOH Standard Operating Procedure (SOP) No. 900-100, Use and Management of Vehicles, VI-D, regarding personal vehicle use and I have been informed of appropriate insurance coverage required for transporting District Government employees, clients, or other individuals. I agree to comply with all provisions governing personal vehicle use in the performance of government business as outlined in the DOH SOP.

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

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Name \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_