

ANNUAL MOTOR VEHICLE OPERATOR'S CERTIFICATION

I acknowledge that I am required to operate a motor vehicle as part of my employment, volunteer, or contract work with the U.S. Department of the Interior, Bureau of Reclamation. I hereby certify that I possess a valid State driver's license for the vehicles that I am required to operate as part of my official duty.

I agree to inform my Supervisor within 24 hours if my State driver's license should be suspended, revoked, canceled, or if I should be disqualified from motor vehicle operation at any time after signing this certification.

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

Name of Operator _____

Signature of Operator _____

Date Signed: _____