



MVR Policy and Employee Authorization

The following is a sample of an employer's motor vehicle record (MVR) policy and not a government statute or insurance industry standard.

In an effort to ensure the preservation of the public's best safety interests, this company will perform all mandatory statutory reviews, and will evaluate the MVR of all drivers of company equipment on a regular (at least annual) basis using the following:

Length Employed	Age	Traffic Violations	Chargeable Accidents	
Under 1 yr	=3 pts	21 to 24=5 pts	3 or more=12pts	2 or more=12 pts
1 -3 yrs	=2 pts	25-29=3 pts	2=6 pts	1=6 pts
Over 3 years		30-65=2 pts	1=4 pts	0=2 pts
		Over 65=3pts	0=2 pts	

36 month evaluation period for traffic violations and accidents. if the legal age for intrastate drivers in your state is 18, score ages 18-20 with age 21-24 class.

Point Criteria Evaluation

- 7-8 Good No action required
- 9-12 is adequate No action required
- 13-16 is marginal Probation/do not hire
- 17 or more is poor Remove from driving/do not hire

A score of 7 to 12 is satisfactory. A score of 13 to 16 will result in probationary status. A score of 17 or greater will result in the removal of all driving duties.

The violations listed below will result in a statutorily mandated removal from driving duties:

- Driving while intoxicated
- Transportation of controlled substances
- Vehicular homicide
- Driving while under the influence of drugs
- Aggravated assault with a motor vehicle
- Statutorily defined "serious" traffic violations
- Reckless driving
- Refusing to submit to testing
- Leaving the scene of an accident
- Hit and run
- Felony involving a motor vehicle
- Attempting to elude a police officer

A disqualification from driving duties may, depending on job description, result in termination.

Acknowledgment:

I understand that my initial or continued employment in a driving position with _____ will depend on my:

1. Maintaining an acceptable driving record both on and off the job, and
2. My eligibility to be insured by the Company's fleet insurance carrier.

I authorize _____ to make inquiries and investigations concerning my driving record as may be deemed necessary.

Signed: _____

Date: _____

