

**Virginia Department of Fire Programs**

**Office of Fleet Management Services  
Policies and Procedures Manual  
State Agency Vehicle Acknowledgement form  
*CERTIFICATE OF RECEIPT***

I have been provided a copy of the Department of General Services, "Office of Fleet Management Services" Policies and Procedure Manual. I understand that it is my responsibility to read and abide by this policy, even if I do not agree with it. If I have any questions about the policy, I understand that I need to ask my supervisor or the Agency Transportation Officer for clarification.

In addition, I understand that there may be additional requirements of the Virginia Department of Fire Programs that will be communicated to me related to assigned vehicle restrictions, emergency vehicle operation usage and commuter fees if applicable.

Employee's Name:
Employee Number:
Signature:
Date:
Supervisor Name and Signature: