

APPENDIX  
II



*U.S. Geological Survey Manual,  
Appendix 16-1*

**ANNUAL MOTOR VEHICLE OPERATOR'S  
CERTIFICATION**

I acknowledge that I am required to operate a motor vehicle as part of my employment with the U.S. Geological Survey. 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 further certify that my State driver's license has not been suspended, revoked, or cancelled.

I agree to inform my Supervisor if my state driver's license should be suspended, revoked, cancelled, or I should be disqualified from motor vehicle operation at any time for 1 year after signing this certification.

I understand that any false statement on this form constitutes a violation of USC 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: \_\_\_\_\_