



OFFICE OF RISK AND INSURANCE MANAGEMENT
ANNUAL STATE AGENCY DEFENSIVE DRIVER TRAINING REPORT
PLEASE PRINT CLEARLY IN INK OR TYPE

INSTRUCTIONS: Complete this form annually with reporting fiscal year information as requested and submit it to the Department of General Services at the address listed below by September 1st. Please see Management Memo 11-XX for additional information.

Agency/Department (no acronyms)		Reporting Fiscal Year (FY)
Annual Reporting		
Number of employees in Agency/Department		
Number of employees <i>requiring</i> DDT (reporting FY)		
Number of employees <i>completing</i> DDT (reporting FY)		
Location of Training Records		
Agency/Department Contact Information		
Contact Person	Title	
Phone Number	Email Address	
Mailing Address		
Read and Sign		
<i>I certify the information contained herein is true and correct to the best of my knowledge.</i>		
Authorized Signature	Printed Name and Title of Person Signing	Date
DGS USE ONLY		
Approved By	Date Received	Date Approved

NOTE: FORMS ARE DUE ANNUALLY ON SEPTEMBER 1ST FOR THE REPORTING FISCAL YEAR

MAIL COMPLETED FORMS TO:
Department of General Services
Office of Risk and Insurance Management
Attn: Statewide Health and Safety
707 3rd Street, First Floor
West Sacramento, CA 95605