DGS CALIFORNIA DEPARTMENT OF GENERAL SERVICES

Defensive Driver Training - Online Self-Certification Acknowledgement

I hereby certify:

"I have completed this training with individual effort and agree to comply with the information contained in this course."

Employee Name _____ Employee Signature _____ Date _____

Received By

Supervisor Name _____ Supervisor Signature _____ Date _____

Division Name _____ Unit/Office Name _____

Print Certificate

TEST ONLY