

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 11-04 for additional information.

Agency/Department (no acronyms)	Reporting Fiscal Year (FY)
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Annual Reporting

Number of employees in Agency/Department	
Number of employees requiring Defensive Driver Training (reporting FY)	
Number of employees completing Defensive Driver Training (reporting FY)	
Location of Training Records	

Agency/Department Contact Information

Contact Person	Title	
Work Phone Number	Work Email Address	
Work Mailing Address		
City	State	Zip Code

Certification

I certify the information contained herein is true and correct to the best of my knowledge.

Approved By	Title
Authorized Signature	Date

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
Email: StatewideHealthandSafety@dgs.ca.gov