



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 1<sup>st</sup>. Please see Management Memo 11-04 for additional information.

<i>Agency/Department (no acronyms)</i>		<i>Reporting Fiscal Year (FY)</i>
<b>Annual Reporting</b>		
<i>Number of employees in Agency/Department</i>		
<i>Number of employees requiring DDT (reporting FY)</i>		
<i>Number of employees completing DDT (reporting FY)</i>		
<b>Location of Training Records:</b>		
<b>Agency/Department Contact Information</b>		
<i>Contact Person:</i>		<i>Title:</i>
<i>Phone Number:</i>		<i>Email Address:</i>
<i>Mailing Address:</i>		
<b>Read and Sign</b>		
<i>Authorized Signature:</i>	<i>Printed Name and Title of Person Signing</i>	<i>Date:</i>
<b>DGS USE ONLY</b>		
<i>Approved By:</i>	<i>Date Received:</i>	<i>Date Approved:</i>

**NOTE: FORMS ARE DUE ANNUALLY ON SEPTEMBER 1<sup>ST</sup> 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 3<sup>rd</sup> Street, First Floor  
 West Sacramento, CA 95605

**OR ATTACH TO AN EMAIL TO:**

**StatewideHealthandSafety@dgs.ca.gov**