



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.

<b>Agency/Department (no acronyms)</b>		<b>Reporting Fiscal Year (FY)</b>	
<b>Annual Reporting</b>			
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			
<b>Agency/Department Contact Information</b>			
Contact Person		Title	
Phone Number		Email Address	
Mailing Address			
<b>Read and Sign</b>			
<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
<b>DGS USE ONLY</b>			
Approved By		Date Received	Date Approved

**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