LAST NAME	FIRST NAME	DL #	FIELD OFFICE	DATE OF ODR FOR PRIOR FISCAL YEAR	DATE OF ODR FOR CURRENT FISCAL YEAR	CAR PRIVILEGES			DATE OF LAST DEFENSIVE DRIVING TRAINING	PERSONAL AUTO INSURANCE AT TIME OF HIRE? (YES OR NO)	APPROVAL STATUS (AUTHORIZED, NON-AUTHORIZED OR HIGH RISK)	DATE OF HIGH RISK DETERMINATION
						STATE	PERSONAL	RENTAL				

THIS FORM DOES NOT REPLACE THE REQUIRED DA2054. IF USED FOR TRAINING AND ODR TRACKING, THE FORM MUST BE SIGNED BY THE AGENCY HEAD OR HIS/HER DESIGNEE