## **MOTOR VEHICLE OPERATOR REPORT**

Reporting Office:*		Fiscal Year:*	Fiscal Year:*			Month:*	
SUMMARY OF MOTOR VEHICLE OPERATOR INFORMATION							
Number of GSA Form 3607 Applications received	Number of GSA Form 3607 Applications pending certification	Number of GSA Form 3607 Applications certified by Safety Manager	Number of IA Incidental Motor Vehicle Operator's Certifications received	Number of Disqualified full-time and incidental operators	Number of full- time operators on-line defensive driving training completed	Remarks/Comments (include reason for disqualification	