

DC OFFICE OF RISK MANAGEMENT

Driver Authorization User Guide



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Guide to Submitting a Driver Authorization Request

Welcome to the ERisk Driver Authorization Portal.

District government (District) employees and contractors must submit a copy of a valid driver's license and execute the District Vehicle Operator's Acknowledgement on an annual basis in order to receive authorization to operate a motor vehicle to conduct District business. In coordination with District agencies, the Office of Risk Management (ORM) uses information submitted through the ERisk Driver Authorization portal to determine a District employee or contractor's eligibility to drive a motor vehicle to conduct District business.

Please be advised that submission of a Driver Authorization Request to ERisk does not constitute authorization to drive a motor vehicle to conduct District business.

After submitting a Driver Authorization Request, you will receive a follow-up email advising you of the status of your request and any determinations made of your eligibility to drive to conduct District business.

As part of the online Vehicle Operator's Acknowledgement form, District government employees and contractors must provide the following documentation, where applicable:

- 1. A copy of a valid Driver's License;**
- 2. For Driver's Licenses issued outside of the District of Columbia, Maryland or Virginia, a copy of a Motor Vehicle Record for the state in which the license was issued;**
- 3. For a Commercial Driver's License (CDL), a copy of the signed DOT Certification;**
- 4. If requesting to drive a personal vehicle to conduct District Government business, a copy of the insurance policy that covers the vehicle driven to conduct District Government business.**

Please note that by submitting a Driver Authorization request to ERisk, the Driver agrees to all terms and conditions contained in the online version of the Government of the District of Columbia Vehicle Operator's Acknowledgement form.

All required fields are marked with a red asterisk (*).

Step 1: ERisk Driver Authorization portal

From the online portal page, select “Submit a new Driver Authorization.”

ERisk
DC Driver Authorization Request Portal Log Out and Exit

As part of the Driver Authorization Request, you must provide the following documentation, where applicable:

1. A copy of your valid Driver's License;
2. For Driver's Licenses issued outside of the District of Columbia, Maryland or Virginia, a copy of your Motor Vehicle Record for the state in which your license was issued;
3. For a Commercial Driver's License (CDL), a copy of your signed DOT Certification;
4. If requesting to drive your personal vehicle to conduct District Government business, a copy of the insurance policy that covers the vehicle you drive to conduct District Government business.

If you do not provide the appropriate supporting documentation, your request to drive to conduct District government business may be denied. Further, by submitting a Driver Authorization Request to the ERisk Driver Authorization portal, you agree to all the terms and conditions contained in the online Government of the District of Columbia Vehicle Operator's Acknowledgement form. The District of Columbia Office of Risk Management reserves the right verify all the information submitted in the Driver Authorization Request.

If you have questions related to your request, please call ORM's Risk Prevention and Safety Division at 202-727-8600 during normal business hours or email us at orm.ops@dc.gov.

Submit a new Driver Authorization

Step 2: Read Terms and Conditions: Operation of a vehicle for government business

The *Operation of a vehicle for government business* section contains the terms and conditions of the *Vehicle Operator's Acknowledgement* form that is required for all drivers who operate a motor vehicle to conduct District business. Before submitting the Driver Authorization request, the driver submitting the request will be required to acknowledge and agree to all the terms and conditions contained within the online *Vehicle Operator's Acknowledgement*.

ERisk
New Driver Authorization Save Changes of Cancel

Operation of a vehicle for government business:

A. Performance of my duties on behalf of the Government of the District of Columbia requires my operating a government or authorized vehicle on government business. I acknowledge that it is my responsibility to operate any government or authorized vehicle in a safe manner and in full compliance with the law. This includes regular use of seat belts, strict adherence to speed limits, traffic lights and signs, compliance with parking restrictions, and strict adherence to prohibitions and requirements for the prevention of distracted driving.

B. I understand and agree that I am solely responsible for any notices of infraction received as a result of operating, or having custody of, a vehicle on District government business, including parking tickets, red-light camera tickets, and speeding tickets. I agree to answer any such notices of infraction within thirty (30) days of receipt. I agree to report any notices of infraction received as a result of operating, or having custody of, a vehicle on District government business, as well as any vehicular accidents to my designated supervisor or manager immediately. I agree to complete and submit the Motor Vehicle Accident Report Form to my designated supervisor or manager within forty-eight (48) hours of a vehicular accident.

C. I agree to maintain a valid driver's license sufficient to permit me to operate a vehicle lawfully on District government business. I agree to provide a copy of my driver's license to my designated supervisor or manager annually and otherwise at my agency's request. I further agree to notify my designated supervisor or manager of any change in the status of my driver's license by my next scheduled work day. I authorize the D.C. Department of Motor Vehicles to forward a copy of my motor vehicle record for the past 5 years to the District of Columbia's Office of Risk Management Agency. If my driver's license was issued by a jurisdiction other than the District of Columbia, I agree to obtain verification of the status of my driver's license and my driving record from the issuing jurisdiction at my agency's request. In accordance with the provisions of the Fair Credit Reporting Act, as added October 26, 1970 (P.L. 91-508; 15 U.S.C. § 1681), I understand that my driving record will be used to verify that I have a valid driver's license and that the information will not be used for any other purposes.

D. I understand and agree that I may not transport non-District government employees in a government or privately owned vehicle while on District government business unless such transportation is permitted by agency policy and I have been expressly authorized in writing to do so by my agency. I further understand and agree that, unless my agency expressly provides otherwise in writing, driving to or from work is neither District government business nor within the scope of my employment.

Step 3: Complete Driver Details

The *Driver Details* panel captures information specific to the driver completing the Driver Authorization request. All required fields are marked with a red asterisk (*).

Driver Details

Who is submitting this request? *

Agency *

Start Typing Agency Name to Autocomplete

Primary Phone Number *

Primary Email *

Role/Title

Driver's License Number *

Driver's License State *

Date of Birth *

Driver's License Issue Date *

Driver's License Expiration Date *

Driver's License Restrictions

Select all that apply

Is this a Commercial Driver's License? *

Are you requesting authorization to drive a personal vehicle to conduct District Government business?

Who is submitting this request?

1. **Who is submitting this request?***: Select the option most closely aligned with your job/position.

Drop-down Options:

- a. District Government Contractor
- b. District Government Employee

District Government Contractor

If **District Government Contractor** is selected, additional fields will display to capture:

- 1. **Contractor Organization***: The organization employing the contractor submitting the request.
- 2. **Agency***: The agency the contractor organization contracts with for the purposes of conducting District business.
- 3. **Name***: The name of the person submitting the request.

Driver Details

Who is submitting this request?

Contractor Organization *

Agency *

Start Typing Agency Name to Autocomplete

Name *

District Government Employee

If **District Government Employee** is selected, additional fields will display to capture:

1. **Agency***: The agency that employs the District government employee.
2. **Division**: The division where the District government employee works within the employing agency.

Who is submitting this request? ⓘ **District Government Employee** ▼

Agency * 🔍
Start Typing Agency Name to Autocomplete

Division ⓘ

3. **Name***: This field is not editable. Employees must use the “**Search Employee**” button directly above the Name field to look-up their employee record. Employees can search by clicking on the “**Search Employee**” button and entering one of the following search parameters in the Filter By box:
 - a. Employee ID
 - b. Last Name AND Last 4-digits of the Social Security Number
 - c. Last Name – to search by last name only, the agency field must be filled in on the Driver Details screen

Use Employee Search button to find your employee record

Search Employee

Name *

Supervisor

Search Employee Lookup

To use the Search Employee features, please enter the:

- Employee ID #
- OR
- Last Name and Last 4 of Social Security #
- OR
- Last Name and Agency (the Agency field must be filled in on the report screen to use this search) in the Filter By box to the right.

Filter By

Empl #

Last Name

First Name

Last 4 SSN

Search Clear

Once the correct employee is selected, the Supervisor field will automatically fill. The Supervisor field is not editable and will input the Supervisor of record in PeopleSoft. If this Supervisor is incorrect, contact the Human Resources representative at your agency.

Contact Information

1. **Primary Phone Number***: Best phone number to contact the person submitting the request.
2. **Primary Email***: Best email address to contact the person submitting the request.

- A confirmation email will be sent to this email address indicating that the request was successfully submitted to ORM.

3. **Role/Title:** Role or Title of person submitting request.

Primary Phone Number *	<input type="text"/>
Primary Email *	<input type="text"/>
Role/Title	<input type="text"/>

Driver's License Information

1. **Driver's License Number*:** Enter the Driver's License number found on the Driver's License for this request
2. **Driver's License State*:** From the drop-down menu, select the State that issued the Driver's License for this request.
3. **Date of Birth*:** Enter the date of birth of the person submitting this request.
4. **Driver's License Issue Date*:** Enter the date the Driver's License was issued.
5. **Driver's License Expiration Date*:** Enter the date the Driver's License expires.
6. **Driver's License Restrictions:** Select all restrictions that apply to the Driver's License submitted for this request.
7. **Is this a Commercial Driver's License (CDL)? *:** Used to identify commercial driver's licenses. Select Yes or No.
 - a. **If Yes, displays new field titled CDL Endorsements*:** Multi-select field used to identify proper endorsements for the CDL.

Endorsement Drop-down Options: Select all that apply.

- Air Brakes
- Double/Triple Trailer
- Hazardous Materials
- Passenger Transport
- School Bus Authorized
- Tank Vehicle

****For all Driver's Licenses, be sure to upload a copy of the Driver's License. For a CDL, also upload a copy of the CDL Certification****

8. **Are you requesting authorization to drive a personal vehicle to conduct District Government Business? ***: Used to identify District Government employees and contractors driving their personal vehicles to conduct District Government business. Select Yes or No.
 - a. If Yes, displays new section titled Personal Vehicle Details.

Personal Vehicle Details

Read Terms and Conditions: Use of privately-owned vehicles

The *Use of privately-owned vehicles* section contains the terms and conditions of the *Vehicle Operator's Acknowledgement* form that is required for all drivers who operate a privately-owned motor vehicle to conduct District business. Before submitting the Driver Authorization request, the driver submitting the request will be required to acknowledge and agree to all the terms and conditions contained within *Use of privately-owned vehicles* section of the online *Vehicle Operator's Acknowledgement*.

Use of privately owned vehicles by District employees:

A. I understand and agree that I may use a privately-owned vehicle for district government business, within the scope of my employment, only at the discretion of and with the approval of my designated supervisor or manager. I understand that I may request a mileage allowance at the rate established under applicable law and regulations for the expenses associated with authorized use of a privately-owned vehicle for District government business. I understand and agree that if I am involved in an accident while acting within the scope of my employment in the course of my official duties, my liability for personal injury and property damage to third parties will be governed by the District of Columbia Employee Non-Liability Act; approved July 14, 1960 (74 Stat. 519; D.C. Official Code § 2.411 et seq.) I further understand and agree that if I am injured while carrying out District government business, I am limited to making a claim under the Public Sector Workers' Compensation Program established by the District of Columbia Government Comprehensive Merit Personnel Act, effective March 3, 1979 (D.C. Law 2-139; D.C. Official Code § 1-623.01 et seq.). I understand and agree that the District's liability for property damage to my personal vehicle sustained incident to its authorized use for District government business shall be limited to any settlement the District may make of a claim made under the Military Personnel and Civilian Employees Claim Act of 1964 (Act), approved August 31, 1964 (78 Stat. 167; 31 U.S.C. § 3722). I understand and agree that the District may, in its discretion, settle such a claim in accordance with the Act and any applicable rules, for an amount that does not exceed \$10,000. I understand and agree that I will not receive compensation for property damage to my personal vehicle resulting from my own negligent or wrongful conduct.

B. I agree that, if I am authorized to use a privately-owned vehicle for government business, I shall identify and use only one vehicle for this purpose. I agree to maintain insurance coverage for this vehicle and for any non-District government employee I am authorized to transport and to report business use of this vehicle to the insurance carrier. I further agree to comply with all applicable registration, inspection and other requirements for the vehicle and to provide proof of compliance with these requirements, and of insurance coverage, to my designated supervisor or manager annually and otherwise at my agency's request. I agree to notify my designated supervisor or manager of any change in the status of automobile insurance coverage or other requirements within three (3) business days of receipt of notice of such change.

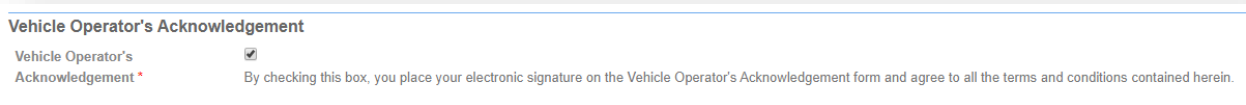
1. **Vehicle Owner***: Enter the name of the person or entity that owns the vehicle used to conduct District Government business.
2. **Vehicle Make***: Enter the Make of the vehicle used to conduct District Government business.
3. **Vehicle Model***: Enter the Model of the vehicle used to conduct District Government business.
4. **Vehicle Year***: Enter the Year of vehicle manufacture for the vehicle used to conduct District Government business.
5. **Vehicle State***: Enter the State in which the vehicle used to conduct District Government business is registered.
6. **License Plate Number***: Enter the License Plate Number of the vehicle used to conduct District Government business.
7. **Insurance Company Name***: Enter the name of the insurance company insuring the vehicle used to conduct District Government business.
8. **Insurance Company Phone***: Enter the phone number of the insurance company insuring the vehicle used to conduct District Government business.

9. **Policy Number***: Enter the number of the policy insuring the vehicle used to conduct District Government business.

****For a privately-owned vehicle, be sure to upload a copy of the insurance policy that covers the vehicle used to conduct District Government business****

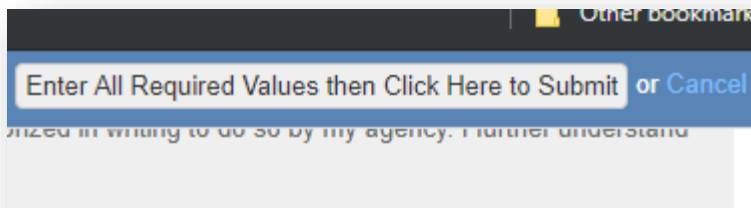
Step 4: Vehicle Operator’s Acknowledgment

After completing the online form and all relevant fields, the person requesting authorization to drive to conduct District Government business must execute the *Government of the District of Columbia Vehicle Operator’s Acknowledgment* form by placing a check-mark in the acknowledgement check-box. The check-box acknowledgement states: “By checking this box, you are placing your electronic signature on the *Vehicle Operator’s Acknowledgment* form and agree to all the terms and conditions contained herein”.



Step 5: Submit Driver Authorization Request

Once all required fields are complete, select the “**Click Here to Submit**” button at the top of the screen. The “**Click Here to Submit**” button can be found on the right-hand side of the **blue** bar that runs across the top of the page.



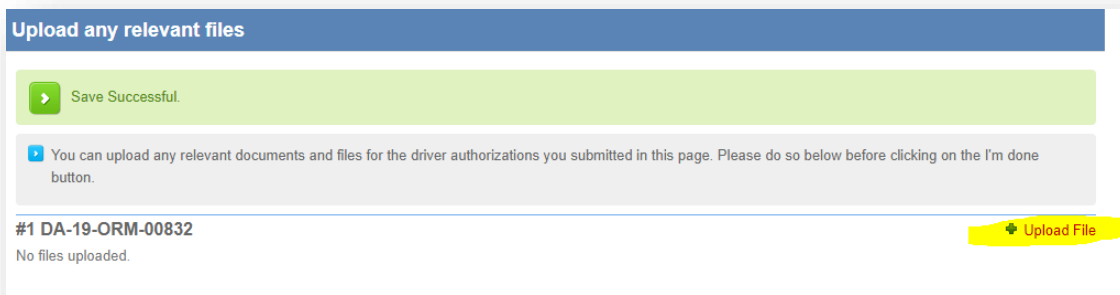
Once submitted, the form will direct to the next page titled “**Upload any relevant files**”, where the person submitting the request will upload all documents necessary to complete the request.

Step 6: Upload Files

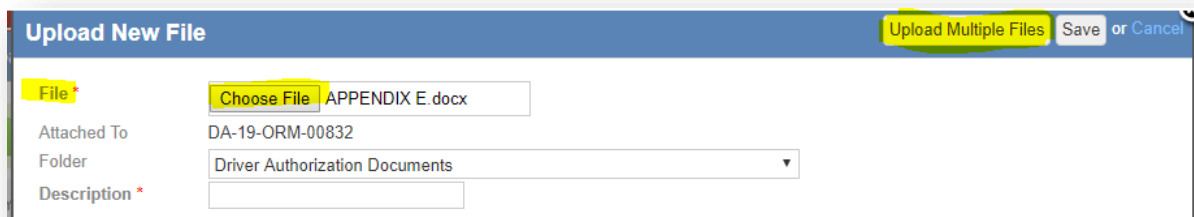
District government employees and contractors must provide the following documentation, where applicable:

- A copy of a valid Driver's License;
- For Driver's Licenses issued outside of the District of Columbia, Maryland or Virginia, a copy of a Motor Vehicle Record for the state in which the license was issued;
- For a Commercial Driver's License (CDL), a copy of the signed CDL Certification;
- If requesting to drive a personal vehicle to conduct District Government business, a copy of the insurance policy that covers the vehicle driven to conduct District Government business.

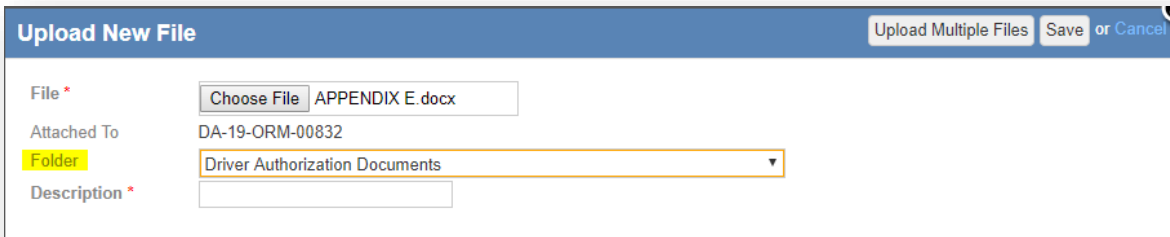
To begin uploading the documents applicable to this request, select the “+ Upload Files” button. The “+ Upload Files” button can be found on the right-hand side of the screen.



1. To upload one file, select “Choose File” and attach the file to the request.
2. To upload multiple files, select the “Upload Multiple Files” button and attach the files to the request.



After attaching the necessary file or files, select the **Folder** from the drop-down menu.

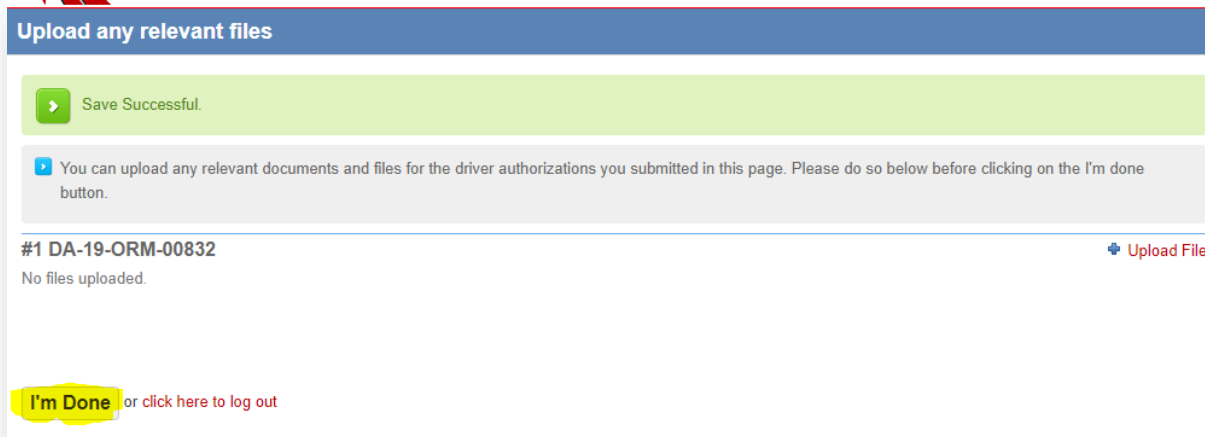


After selecting the Folder, enter a description of the document in the “**Description***” field.

Once all documents are attached and all fields completed, select the “**Save**” button found in the top right-hand corner.



After saving all files, select the “**I’m Done**” button found on the lower left-hand side of the page.



When “**I’m Done**” is selected, a confirmation email will be sent to the Primary Email address provided in the Contact Information section of the online form. The confirmation email will provide a Driver Authorization Request number, which can be used for any inquires or questions about the Driver Authorization Request submitted to ERisk.

If you have questions or need assistance with the ERisk Driver Authorization portal, please contact the ORM Risk Prevention and Safety Division at (202) 727-8600 or email us at orm.rps@dc.gov