

## MEMORANDUM

TO: \_\_\_\_\_  
Office/Section

FROM: \_\_\_\_\_  
Regional Safety Coordinator

RE: Flag on Driver's License

DATE: \_\_\_\_\_

It has come to my attention that you may be in violation of DCFS Policy 1-15 State Vehicles and Driver Program. A recent review of your driving record has revealed that your driver's license has a FLAG attached to it. This flag will not allow you to renew your license until all fines (if applicable) are paid.

DOA/Office of Risk Management has determined that state employees are not allowed to drive state vehicles or their own personal vehicle on state business if they have a flag on their license.

A report received on \_\_\_\_\_ from Office of Motor Vehicles (OMV) associates the following flag code(s) and violation(s) with your name and license information:

**SUS/AF** – suspension based on failure to appear in court for a traffic offense.

**NI** – Drivers license is blocked against renewal or re-issuance. This flag DOES NOT mean a driver's license suspension is imposed. The driver does not or at one time did not have insurance. It can also mean there was a lapse in coverage if you changed your insurance company or if you sold a vehicle and did not turn in the license plate timely.

**The SUS/AF flag prohibits you from driving all vehicles on state business (state, rental and personal).**

**The NI flag prohibits you from driving your personal vehicle on state business.**

You are not allowed to drive on State business until you provide written documentation from OMV that this matter has been resolved. Further, you are not eligible for travel expense mileage reimbursement. Your supervisor has been provided a copy of this letter.



Please resolve this matter and return written documentation from OMV showing clearance or reinstatement, as soon as possible. Upon receipt, you will be notified that your driving privileges, on state business, have been reinstated.

I have attached information from OMV which will be helpful to you in clearing up this matter. If you have questions, please contact me at \_\_\_\_\_ .

**Copy:** \_\_\_\_\_ , Director/Regional Administrator  
\_\_\_\_\_ , Supervisor/Manager  
\_\_\_\_\_ , DCFS Safety Officer

