



ATTESTATION OF TRANSPORTATION PROVIDER QUALIFICATIONS  
CONSOLIDATED APPROPRIATIONS ACT OF 2021

By signing this form, you agree that \_\_\_\_\_ :  
(name)

- Can give you a ride to your doctor visit
- Can use your gas mileage reimbursement benefit for the visit
- Made you aware that they have been found guilty, in the last two years, of one or more of the traffic violations below:
  - Two or more moving violations
  - Operating While Intoxicated (OWI)
  - Driving Under the Influence (DUI)

\_\_\_\_\_  
Member/Guardian (Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date