



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES

PHILIP MURPHY
Governor

TAHESHA L. WAY, ESQ.
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

Annual IIC/BA Driver's License Verification Attestation

Name and Title of Signatory:

Agency:

I, [insert agency head name] attest that I have verified the driver's licenses for all active IIC/BA employees whose job responsibilities may require them to transport Medicaid/NJ FamilyCare members. By signing this attestation, I certify that each applicable staff member's driver's license is in their possession and that the license was physically reviewed and noted to have a future expiration date. I certify that active staff with license expiration dates within two months of the license examination date have been instructed to present a copy of the renewed license upon renewal and have indicated their intent to comply with this provision in writing.

I further attest to the accuracy and authenticity of all information provided on the Annual IIC/BA Driver's License Tracking Form, which has been submitted with this document.

Signature of Agency Head

Date:

New Jersey Department of Children & Families
The Children's System of Care

Annual IIC/BA Driver's License Tracking Form

Agency Name:

Date:

Name of Employee	Title of Employee	Driver's License Expiration Date
Click to enter text below.	Click to enter text below.	Click to enter text below.

