



ARKANSAS ENTERPRISES FOR THE DEVELOPMENTALLY DISABLED, INC.

NON-TRANSPORTATION FORM

Please initial below and print your name next to the statement that applies to your situation:

_____ I, _____, hereby affirm that I will not use my **personal vehicle nor a company vehicle** to provide transportation services for business purposes of Arkansas Enterprises for the Developmentally Disabled, Inc.

_____ I, _____, hereby affirm that I will not use my **personal vehicle** to provide transportation services for business purposes of Arkansas Enterprises for the Developmentally Disabled, Inc.

Employee Signature

Date

Supervisor Signature

Date