

FLHSMV Agency-Specific Readiness Activities

Critical Operational Elements	Activity Description	Date(s)	Impacted Stakeholder(s) and/or System(s)	Objective	Reporting Period Comments or Updates

Agency Sponsor Confirmation

As Agency Sponsor, I understand my role and responsibility for monitoring and reporting on my agency's readiness status. I have reviewed and confirmed the accuracy of my agency's readiness status as reflected in this dashboard.

Agency Sponsor Name: *

Confirm *

Submit

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FLHSMV Status Report Confirmation

Reporting Period	Agency Sponsor Name:	Confirmed By:	Confirmation Date:
May - June 2024	Steve Burch	steveburch@flhsmv.gov	07/12/24
March - April 2024	Steve Burch	steveburch@flhsmv.gov	05/07/24
January - February 2024	Steve Burch	steveburch@flhsmv.gov	03/08/24