

VEHICLE USE AGREEMENT

I (**print name**)

being age 18 or older, understand and agree that my use of the

State of Maine vehicle assigned to me from _____ to _____ (maximum 1 year) shall be exclusively to fulfill the State of Maine business. I understand and agree that I am not to use the vehicle for any other reason (life threatening medical emergencies excepted). I agree to operate this vehicle in a safe, prudent, and lawful manner at all times. I will not permit any other person to operate the vehicle. I will not drive this vehicle out of the State of Maine. I do truthfully state that I have an active, non-conditional driver's license recognized as valid and my privilege to drive is not under suspension. I grant permission to the State to verify my driving record:

Date of Birth

/ /

License Number & State

If driving history includes
out-of-state license,
applicant must attach
out-of-state driver record.

One of the following **MUST** be checked:

☐ (1) I truthfully state that, in the past 5 years: my license was not suspended, I was not convicted of alcohol or drug-related violations or unsafe vehicle operation. I was not the driver of an at fault motor vehicle accident.

☐ (2) I truthfully state that, in the past 5 years, my license was suspended, was convicted of the following vehicle violations, or involved in a motor vehicle accident (please list; attach another page if necessary):

Type of violation/accident:

Date:

Type of violation/accident:

Date:

1. Please confirm you are not an employee. **No.**

2. What will driving operations entail? **Transportation to and from 15 Oak Grove Road, Vassalboro, ME 04989 to 603 Airport Road, Norridgewock, ME 04957, for EVOC**

3. What vehicle(s) will be driven? The vehicle(s) need to be insured by either CFM or Risk Management.

- If CFM vehicle(s), please confirm. (CFM vehicle info not needed). _____
- If agency vehicle(s), the year, make & model is needed. **TBD**

4. Will there be any out-of-state driving? **No**

Driver Signature

Date Signed

Signature of Supervisor/Manager

Date Signed

Printed Name of Supervisor/Manager

Department Name

Phone #

Email

Do not sign unless you have read and understand this document. By signing, you agree that if you make any false statements on this document or use a state-owned vehicle other than as permitted by this agreement, risk management division may decide not to insure your operation or use of a state-owned vehicle and may decline to defend and indemnify you in the event a claim is brought against you.

Completed VUA's can be faxed to 287-4008. Incomplete forms will be rejected. If you have any questions, call 1-800-525-1252 or 287-3351.

☐ Approved ☐ Not Approved ☐ Approved with this restriction: _____

Entity notified this date By: ☐ Fax ☐ Phone ☐ Email ☐ Other _____

Risk Management Division Signature: _____ Date: ____/____/____ Rev. 03/25