**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:  **If driving history includes out-of-state license, applicant must attach out-of-state driver record.** | | | | | | | | | | | | | | | | |
| Date of Birth | | | / / | | License Number & State | | |  | | | |  |  |  | | |
| 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. What will driving operations entail? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   4. Will there be any out-of-state driving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  |  | | | | |  | |
|  | *Driver Signature* | | | | | | | |  | *Date Signed* | | | | |  | |
|  |  | | | | | | | |  |  | | | | |  | |
|  | *Signature of Supervisor/Manager* | | | | | | | |  | *Date Signed* | | | | |  | |
|  |  | | | | |  | | |  | *Phone #* |  | | | | |  |
|  | *Printed Name of Supervisor/Manager* | | | | | *Department Name* | | |  | *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*