

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: _____

If box #2 is checked, the vehicle may NOT be operated by this driver until approved by Risk Management.

IMPORTANT NOTICE TO DRIVER: *do not sign below 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.*

Driver Signature _____
Date Signed

Signature of Supervisor/Manager _____
Date Signed

Printed Name of Supervisor/Manager _____
Department Name _____
Phone#

email

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. 8/23