**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 in the State of Maine, have held such a license for at least one year, and that my privilege to drive is not under suspension. I grant permission to the State to verify my Maine driving 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  (If not ME, applicant must provide a current copy of his/her driving record)  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* | | | | | | |  | |
|  |  | | | | | |  | |  | |  | *Phone#* |  | | | | | | |  |
|  | *Printed Name of Supervisor/Manager* | | | | | |  | | *Department Name* | |  | *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*