

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:

(If not ME, applicant must provide a current copy of his/her 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 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