

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 for which I have been engaged. I understand and agree that I am not to use the vehicle for any other reason whatsoever (human life threatening medical emergencies excepted). I agree to operate this vehicle in a safe, prudent, and lawful manner at all times. Seat belts shall be worn by all vehicle occupants when the vehicle is in motion. 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 currently under suspension. I grant permission to the State to verify my Maine license information and driving record and offer the following license information:

Date of Birth ____ / ____ / ____ License Number & State _____

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

One of the following MUST be checked:

- (1) I do truthfully state that, in the past 5 years, my license was not suspended and I was not convicted or adjudicated of **any** alcohol or drug-related driving violations, or of **any** unsafe vehicle operations such as distracted driving, speeding, improper passing, failure to yield right-of-way, or stop sign violations.
- (2) I do truthfully state that, in the past 5 years, my license was suspended or I was convicted or adjudicated of the following vehicle violations (please list; attach another page if necessary):

Type of violation: _____ Date: ____ / ____ / ____
 Type of violation: _____ Date: ____ / ____ / ____

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 IN ITS DISCRETION 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.

If box #2 is checked, Risk Management Division reserves the right of final approval and the vehicle may NOT be operated by this driver until approved by Risk Management Division.

Driver Signature _____
Date Signed ____ / ____ / ____

Signature and Title of Authorizing Entity Official _____
Date Signed ____ / ____ / ____

Printed Name of Authorizing Entity Official _____
Official's Phone #

Printed Department/Entity Name _____
Official's Fax #

PROCESSING DIRECTIONS: When ALL of the above information is completed, immediately send or fax this form to Risk Management Division, 85 State House Station, Augusta, ME 04333-0085; Fax 287-4008. RMD will contact you promptly. If you have any questions, call 1-800-525-1252 or 287-3351.

<i>For Risk Management Division Use Only</i>	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved with this restriction: _____	
Entity notified this date By: <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other _____	
Risk Management Division Signature: _____	Date: ____ / ____ / ____ Rev. 11/17