# COMPANY VEHICLE USE AGREEMENT

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| --- | --- |
| Employee’s Name: |  |
| Company: |  |
| Vehicle Make: |  | **Model:** |  |
| State Registration No. |  | **Expiry Date:** |  |
|  |
| **Employee to Complete the Checklist. Mark YES if in Agreement.** | **YES** | **NO** |
|  | I hold a current driver’s license of the class required (the license must be verified by management)? | [ ]  | [ ]  |
|  | I am aware of my obligation to advise management should the status of my driver’s license change (including expiry without renewal, cancellation, suspension or disqualification). | [ ]  | [ ]  |
|  | I am aware of my obligation to ensure any vehicle used for the purpose of work is serviced in accordance with manufacturer’s recommendations. | [ ]  | [ ]  |
|  | I am aware of my obligation to complete regular inspections of a vehicle used for the purpose of work, in accordance with the manufacturer’s requirements. | [ ]  | [ ]  |
|  | I am aware of my obligation to complete weekly (visual) inspections of a vehicle used for the purpose of work, with reference to the criteria defined in the vehicle’s operational manual. | [ ]  | [ ]  |
|  | I am aware of my obligation to report safety-related defects and/or hazards associated with a vehicle used for the purpose of work. | [ ]  | [ ]  |
|  | I am aware that I am prohibited from driving a vehicle in the course of work when impaired by fatigue, medication, drugs or alcohol. | [ ]  | [ ]  |
|  | I am aware of my obligation **not** to smoke in a work vehicle. | [ ]  | [ ]  |
|  | I am aware of my obligation to report to management any medical condition that may affect my ability to drive safely. | [ ]  | [ ]  |
| Comments or Additional Requirements for the Vehicle? |
|  |
| **AUTHORIZATION FOR USE VERIFIED BY** |
| Name: |  | Signature: |  | Date: |  |