# 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: | | |  | |