

COMPANY VEHICLE USE AGREEMENT

Employee's Name:			
Company:			
Vehicle Make:		Model:	
State Registration No.		Expiry Date:	

Employee to Complete the Checklist. Mark YES if in Agreement.

		YES	NO
1.	I hold a current driver's license for the class required (the license must be verified by management)?	<input type="checkbox"/>	<input type="checkbox"/>
2.	I am aware of my obligation to adhere to all applicable laws, regulations, and company policies regarding the use of company vehicles, including but not limited to: safe driving practices, no alcohol or drug use, no use for illegal activities, and no use for personal errands?	<input type="checkbox"/>	<input type="checkbox"/>
3.	I understand my obligation to report any safety-related issues to management immediately?	<input type="checkbox"/>	<input type="checkbox"/>
4.	I understand my obligation to report any vehicle damage or loss to management immediately?	<input type="checkbox"/>	<input type="checkbox"/>
5.	I understand my obligation to report any traffic violations to management immediately?	<input type="checkbox"/>	<input type="checkbox"/>
6.	I understand my obligation to report any accidents to management immediately?	<input type="checkbox"/>	<input type="checkbox"/>
7.	I understand my obligation to report any unauthorized use of company vehicles to management immediately?	<input type="checkbox"/>	<input type="checkbox"/>
8.	I understand my obligation to report any other safety-related issues to management immediately?	<input type="checkbox"/>	<input type="checkbox"/>



SAMPLE

ORDER NOW AND GET FULL ACCESS

Comments or Additional Requirements for the Vehicle?

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