**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 and my privilege to drive is not under suspension. I grant permission to the State to verify my driving record: **If driving history includes out-of-state license, applicant must attach out-of-state driver 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* |  |
|  |  |  |  |  | *Phone#* |  |  |
|  | *Printed Name of Supervisor/Manager* |  | *Department Name* |  | *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*