

**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 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 #*  
\_\_\_\_\_  
*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.

*For Risk Management Division Use Only*

*Approved*    *Not Approved*    *Approved with this restriction:* \_\_\_\_\_

*Entity notified this date* By:  *Fax*  *Phone*  *Email*  *Other* \_\_\_\_\_

*Risk Management Division Signature:* \_\_\_\_\_ *Date:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *Rev. 2/12*