CONFIDENTIAL

Mason County Personnel Policy 13-Vehicle Use Agreement **REGULAR DRIVERS:**

INSTRUCTIONS: **PLEASE INCLUDE A COPY OF YOUR LICENSE**

All Mason County employees driving a county-owned/leased vehicle, or their personal vehicle for county-related business, must complete this form. Employees who do not attest to proof of current personal vehicle liability insurance will be prohibited from driving their personal vehicles for county-related business.

If any information provided on this form should change it is the employee's responsibility to complete and submit an updated form.

Copies of the Vehicle Use Agreement will be maintained in the Mason County Human Resources/Risk Management Office.

EMPLOYEE AGREEMENT:

I acknowledge that I have received and read the Mason County Vehicle Use Policy. I understand the contents and agree to comply with the policy. Failure to comply is considered a violation of county policy.

Employee's Name: Last		First		Middle
Date of Birth:	Phone Ext.	Department:	Job Title:	
Driver's License (DL) #		CDL Class:	Exp. Date:	DL State:
Employee Insurance Company:		Insurance Policy Number:		
***If the employee does not want to have insurance policy carrier and number recorded on the VUA, the manager/supervisor may verify the existence of current liability insurance by checking the appropriate box in the Manager/Supervisor section below dotted line at bottom of form.				

As a condition for driving a county-owned/leased vehicle, I hereby attest:

____ I have a valid and current Washington Driver's License.

____ I have a valid and current Washington Commercial Driver's License (CDL)

As a condition for driving a personal vehicle for county related business, I hereby attest:

____ I have a valid and current Washington driver's license; and,

____ There is current liability insurance on all personal vehicles I drive for county-related business.

I agree to provide Mason County with the name of my personal vehicle insurance company's name and my vehicle insurance policy number and to provide documentary proof of personal vehicle liability insurance upon request by Mason County.

Employees shall immediately report all traffic accidents and/or damage to their vehicle to their supervisor, department head or elected official while operating a personal or county-owned/leased vehicle while on county business.

I hereby permit my department manager or designee to acquire a copy of my driving record abstract as needed.

I will also inform my supervisor, in writing, if I should become disqualified under the provisions of the county vehicle use policy. Failure to report such changes may result in the revocation of the privilege of driving a county-owned/leased vehicle.

Employee's Signature: Date:

MANAGER/SUPERVISOR TO COMPLETE ITEMS BELOW DOTTED LINE

Does the employee's job description require them to drive on a regular (routine) basis? __Yes __No

If "YES" the Risk Manager will request a Washington State Driving Record based in the information provided above.

Employee Driver's License is current _____ Yes _____ No CDL is current _____ Yes _____ No _____ Not applicable

Employee has current Liability Insurance _____ Yes _____ No

Employee is authorized to ____ Operate a County-Owned/Leased Vehicle ____ Operate Personal Vehicle for County Business

____ Operate County-Owned/Leased Vehicle Requiring CDL

Manager/HR Signature:_____Print Name:_____Date:_____

Vehicle Use Agreement expires one year form date signed. Expiration Date:_____