**Sample Authorization to Use Personal Vehicle**

**For Individuals Who Operate Personally Owned Vehicles on Behalf of the Organization**

I recognize that safe driving is an essential part of my job and will abide by the following requirements as they apply to the use of my vehicle for work performed on behalf of the organization/company. While driving my vehicle for company-related purposes, **I will:**

* Only utilize vehicles that are titled in my name.
* Be financially responsible for any accidents I am involved in, as well as parking tickets or traffic violations and citations I receive.
* Maintain auto liability insurance limits on the vehicle as required by the organization and notify management if my policy/coverage changes (cancellation, non-renewal, lower limits, business exclusion added, etc.).
* Report all on-the-job vehicle accidents, regardless of fault, to my manager as soon as possible.
* Maintain an in-force, valid driver’s license, and alert management immediately if my license becomes expired, restricted, suspended, or revoked.
* Allow the organization to access my MVR records by signing a release when requested.
* Notify the organization of any citations I receive, whether driving for the organization or not.
* Ensure my vehicle is in safe operating condition and perform maintenance according to manufacturer’s recommendations.
* Conduct daily/weekly inspections with special emphasis on lights, turn signals, and tires.
* Secure all cargo in a safe manner and prevent loose items from moving within the vehicle.
* Not pull organization owned trailers without prior authorization.
* Only allow organization authorized passengers in the vehicle.
* Drive in a safe and courteous manner, conforming to traffic laws, signals, and markings, and take appropriate precautions for adverse weather and traffic conditions
* Not make or receive phone calls, text, browse the internet, interact with social media, etc. while the vehicle is moving. Navigation system set-up will take place while parked.
* Wear a seat belt and shoulder harness and require the same of all passengers.
* Park the vehicle in a secure and legally allowable location
* Abstain from alcohol or controlled substances prior to and during vehicle operation
* Not drive while fatigued or under the influence of any drug or medication, prescribed or not, that impacts my ability to drive safely.
* Take at least a 15-minute break after two hours of continuous driving and not drive more than 11 hours in any 24-hour period.
* Attend driver safety training and review safe driving materials provided by the organization
* Adhere to additional fleet rules, policies, practices as communicated by management.

My signature indicates that I have had an opportunity to read this agreement and ask clarifying questions of my supervisor. I will abide by company safety policies related to driving. Failure to comply with the above requirements may result in discipline up to and including transfer to a non-driving position or termination.

Driver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_