

UNIVERSITY VEHICLE FACULTY & STAFF DRIVER INFORMATION AND AGREEMENT

Name of Employee Driver: _____

Campus Department: _____

Phone Number: _____

Driver License Number: _____ State: _____

Birthdate: _____ License Expiration Date: _____

I have read and understand the guidelines regarding University vehicle usage as outlined by the campus Vehicle Administration and the University Administrative System Practice Letter #27, (which can be found on-line at **www.maine.edu** click on **Systemwide Services**, scroll down to **Finance Treasurer**, this will bring you to the **Administrative Practice Letter (APL's)**, click on this then scroll down to **APL #27** or see your Department contact person for a copy.) In order to be allowed permission to operate a University vehicle, I agree to abide by them. I also agree to operate the University vehicle in a safe, prudent and lawful manner at all times. I do truthfully state that I have a valid, non-conditional driver's license and that my privilege to drive is not currently under suspension, and further I understand that the University may verify my license information and motor vehicle record to determine my eligibility to drive University vehicle. License information and motor vehicle records are public records per State Law (29-A MRSA256)

Employee Driver Signature: _____ Date: _____

MOTOR VEHICLE DRIVING RECORD CHECK

Valid License: Yes or No _____ Any Violation on Record: Yes or No _____

If violations, please list with date and description:

FOR OFFICE USE ONLY

Facilities Management

Motor Pool