

COMPANY NAME

Take Home Vehicle Policy

I _____ understand that I have been approved for the privilege
PRINT NAME
of using vehicle number _____ to drive to and from work. I understand
that this vehicle is to be driven only by me and to be used exclusively for company
related business. I agree that I will not use this vehicle for personal reasons.

I understand that under no circumstances will I use this vehicle if my ability to drive has
been impaired in any way. This includes being under the influence of drugs (including
prescription drugs), alcohol, illness or any other condition that could impair my ability to
drive safely.

I further agree that I will maintain my legal ability to operate a vehicle in the state of
XXXXXXXXXX as well as my insurability.

I understand it is my responsibility to notify, within 24 hours, the Fleet Manager of any
change in my ability to drive, to remain insurable or of any traffic citations that I receive.

In the event of any vehicle related accident involving damages or injuries, I agree to
submit to a drug test.

Failure to abide by the above policies is cause for immediate termination of employment.

I agree to the above requirements and wish to have this privilege.

Signature _____ Date _____

The vehicle identified above is parked at the following address after work hours.

OR

I do Not agree to the above requirements and do not wish to have this privilege.

Signature _____ Date _____