

**Authorized Driver Acknowledgement Form**

**MUST BE REVIEWED AND SIGNED BY ASSOCIATE and AUTHORIZED HOUSEHOLD**

**DRIVERS** (return completed form to your local fleet administrator and human resources manager)

Associates who are assigned a company car are responsible for enforcing compliance with the Company Vehicle Policy in the event the company car is driven by an authorized household member. Noncompliance with terms and conditions of the policy guidelines may result in removal of the company car.

**Any operation of a company car shall be only by a driver who meets all of the following:**

- Has completed the required Motor Vehicle Report (MVR) Acknowledgement form
- Is a spouse or same-sex domestic partner, 21 years of age or older, or another household member, at least 21 years of age, designated for emergency driving only
  - ® Possesses a valid operator's license
- Operates the vehicle in a safe and lawful manner and compliance of this policy.
- Ensures the proper use of safety belts and child safety restraints for all occupants.
- Reports all incidents/accidents involving damage to the vehicle.
- Has read and agreed to the Company Vehicle Policy.

**I agree not to allow operations of the company vehicle to anyone who has been convicted of any of the following motor vehicle violations:**

- Driving while driver's license is suspended or revoked.
- Vehicular manslaughter, negligent homicide, felonious driving or felony with a vehicle.
- Operating a vehicle while impaired, under the influence of alcohol or illegal drugs, or refusing a sobriety test.
- Failure to stop or identify oneself after an accident (includes leaving the scene of an accident; hit and run; giving false information to an officer).
- Eluding or attempting to elude a law enforcement officer.
- Traffic violation resulting in death or serious injury.
- Any other significant violation warranting suspension of license.

**Additional Drivers** (Spouse/domestic partner or other household members as defined in the Policy)

First Name	Middle Name	Last Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I have read and understand the above information and hereby agree to its contents:**

Associate Signature: {signature\_new\_associate} Date: