



VEHICLE USE AUTHORIZATION FORM

All employees, members, and volunteers are required to complete a driver authorization form prior to driving any Vector Space owned vehicles.

Background Information:

Name _____

Reason for Vehicle Use _____

Mobile Phone _____

Address _____

Do you have a valid VA driver's license: Yes_____ No_____

Class _____ Drivers Licence No _____ Expiry Date _____

Compliance with Vehicle Use Policy:

I declare that I am over the age of 25 years and have held my license for more than 2 years.

By signing this document, I certify accuracy of the information I have provided, and that I have read and agree to comply with the Vehicle Use Policy, including driver conduct regulations.

Signature of Driver _____ Date _____

Approval: I have reviewed the above information and authorize the above individual as an approved driver.

Approving Signature: _____ Date _____