

Commonwealth of Kentucky
Finance and Administration Cabinet

Vehicle Use Agreement

Last name

First Name

Middle Initial

CERTIFICATION

I certify that I have reviewed the current Division of Fleet Management Guide for State Vehicles and the Finance and Administration Cabinet, Leased and Owned Vehicle Use Standard Procedure. As an employee or designated agent of the Commonwealth of Kentucky, I agree to adhere to this policy. I understand that I am responsible for complying with any updates or revisions to these documents. I understand that violation of these policies can result in disciplinary action, up to, and including dismissal. I also understand that failure to comply with these policies can result in the loss of permission to operate a state vehicle

I additionally certify that I have a current and valid driver's license. I agree to notify my supervisor and agency Fleet contact of any changes in my license or driving status within 24 hours of the change.

Employee Signature

Date



An Equal Opportunity Employer M/F/D

Finance and Administration Cabinet
Division of Human Resources