**The Commonwealth of Massachusetts**

**Operational Services Division**

**Office of Vehicle Management**

**Driver Affirmation of Review & Compliance**

I have read and agree to comply with the current Executive Office for Administration and Finance Operational Services Division’s Office of Vehicle Management Policies and Procedures Manual (“Policy”), including all aspects of the Safe Driving Program.

I understand that if the Policy is updated, it is my responsibility to read and agree to comply with the most current version, as ignorance of the Policy does not constitute justification for non-compliance.

I understand that if I do not read and/or agree to comply with the Policy, my privilege to operate a State Vehicle will be revoked.

**Driver:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Department/Agency Name & Org Code |  | Department/Agency Location |
|  |  |  |
| Name & Title |  | Name As Shown on Driver’s License (if different) |
|  |  |  |
| Signature |  | Driver’s License State & Expiration Date |
|  |  |  |
| Date Signed |  |  |

**Witness:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name & Title |  | Signature |

**Agency Fleet Manager:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name & Title |  | Signature |
|  |  |  |
| Date Received |  |  |

This form is to be completed for each authorized Driver of a State Vehicle. Check the appropriate box below to indicate the type of authorized Driver:

🞎 Commonwealth employee 🞎 Contract employee 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Contract or Other, indicate the date OVM granted approval: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Definitions:**

Agency Fleet Manager: An employee identified by the Agency who is responsible for that Agency’s State Vehicles and for the administration of the OVM Policy within their Agency.

Driver: An authorized operator of a State Vehicle who is an employee, as defined in this section, and has completed the Driver Affirmation of Review and Compliance Form. Consultants, Contract Employees, Interns, and Volunteers are not allowed to operate State Vehicles unless they have been granted approval by the Office of Vehicle Management. Other individuals may be designated by Agencies as State Drivers only with the permission of OVM.

State Employee: Any person employed in the Executive Branch whose compensation is determined in accordance with Chapter 30, sections 46 and 46C, who is determined to be confidential pursuant to Chapter 150E, or whose compensation is determined by a collective bargaining agreement pursuant to chapter 150E. Additionally, any person employed in an Agency that has “opted-in” for OVM services.

State Vehicle: Any state-owned, leased, or rented vehicle with a primary purpose of transporting one or more employees, clients and/or equipment of the Commonwealth to various business-related locations or destinations. Passenger vehicles and light duty trucks, regardless of the GVWR (Gross Vehicle Weight Rating), represent the types of vehicles which OVM has oversight of:

• “Passenger vehicles” include sedans, crossovers, sport utility vehicles, and passenger vans.

• “Light duty trucks” include pickup trucks, cab and chassis platforms, and cargo vans.

Motorcycles, law enforcement tier “LE1” vehicles, as defined in GSA FMR Bulletin B-33, and vehicles which require a commercial driver’s license to operate are excluded from OVM oversight.

Witness: The supervisor or manager of the Driver, the regional fleet manager, or the Agency Fleet Manager.

**INSTRUCTIONS:**

Driver must review this form and complete, sign & date the Driver section in front of a Witness.

Witness must review this form, complete and sign the Witness section, and provide to the Agency Fleet Manager. (If the Agency Fleet Manager is the Witness, write “AFM” in the Witness section.)

Agency Fleet Manager must review this form, complete, sign & date the Agency Fleet Manager section and provide a copy to the Driver.

It is the responsibility of the Agency Fleet Manager to provide the most current version of the Policy to the Driver and obtain an updated Driver Affirmation of Review and Compliance form on an annual basis, and/or upon request by OVM.

The Agency Fleet Manager will be required to retain a copy as long as the Driver retains driving privileges.

A copy of this form must be provided to OVM upon request.