

**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 Information**

Department/Agency Name & Org Code:

Department/Agency Location:

Name & Title:

Name As Shown on Driver’s License (if different):

Driver’s License State & Expiration Date:

Signature:

Date Signed:

**Witness Information**

Name & Title:

Signature:

**Agency Fleet Manager Information**

Name & Title:

Signature:

Date Received:

This form is to be completed for each authorized Driver of a State Vehicle. Indicate whether the authorized Driver is a Commonwealth employee, Contract employee or Other:

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

**Definitions:**

Driver: An operator of a State Vehicle that is a Commonwealth employee as defined in the Policy. In addition, an operator of a State Vehicle that is a contract employee, volunteer or other person that has been granted approval to operate a State Vehicle by the Office of Vehicle Management.

Witness: The supervisor or manager of the Driver, the location’s fleet manager, or the Agency Fleet Manager.

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. Also, any personal vehicle when operated for the purpose of state business.

Agency Fleet Manager: An Employee identified by the Department/Agency as the individual responsible for one or more vehicles allocated to the Department/Agency by OVM, and responsible for the administration of the OVM Policies and Procedures within their Department.

**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.