STATE OF MICHIGAN MOTOR VEHICLE DRIVER AGREEMENT

Michigan Department of Technology, Management and Budget
Office of Support Services, Vehicle & Travel Services

DTMB-0063 Revised 3/26/2019

Each department is responsible for ensuring that all drivers (state employees, contractors, agents, students, volunteers and other non-state employees) who may operate state of Michigan (SOM) motor vehicles have signed the *State Motor Vehicle Driver Agreement*. For questions, contact DTMB Vehicle & Travel Services at 517-636-6000 or VTSCustomerService@michigan.gov.

Driver is a: ☐ State of Michigan Employee ☐ Non-State of Michigan Employee

As a driver of a State of Michigan motor vehicle, I agree to adhere to the terms and conditions set forth below. I also agree to abide by all policies as stated in the Administrative Guide to State Government, Policies 0410 and the VTS Driver Reference Guide. I realize that failure to comply with these terms and conditions may result in termination of my state motor vehicle privileges and/or my department administering disciplinary action.

1. I agree that while operating a State of Michigan motor vehicle, I will have a valid driver's license from my state of residency in my possession with proper endorsements when applicable.
2. I agree to have preventive maintenance performed on the state motor vehicle assigned to me at the recommended intervals as outlined in the Maintenance Assistance Program (MAP) guide found in the vehicle glove compartment. I agree to report any operational problems to MAP as soon as possible and to follow through on MAP's direction.
3. I agree to identify and report all state motor vehicle damages and/or accidents through MAP.
4. I agree to obey all traffic laws while operating a state motor vehicle. I understand that all fees incurred due to parking and traffic violations are my sole responsibility.
5. While operating under a commercial operator license, I agree to verbally notify the vehicle coordinator in my department of all traffic violation citations and convictions within 7 calendar days. I understand that I am not required to report parking tickets.
6. I understand that all occupants of state motor vehicles **must** wear properly adjusted and fastened safety belts at all times.
7. I understand that smoking is not permitted in any state motor vehicle at any time by anyone.
8. Upon termination of the state motor vehicle assignment, I will return all keys, gas card, MAP packet and all equipment that was provided or installed in the state motor vehicle.
9. I understand that the usage of the state motor vehicle is for official state business purposes only.
10. I agree to conduct myself in a professional and safe manner at all times while operating a state motor vehicle.

DRIVER AGREEMENT

Driver Signature _____ Printed Name _____ Date _____

1. Department _____
2. Division / Section / Unit _____
3. Driver's Employee ID Number (State Employees Only) _____
4. Driver License Number/State of Issuance _____

Retention of Signed Agreement:
- SOM Employee – Official Personnel File
- Non-state Employee – designated driver agreement file