

Washington Institute for Coagulation VEHICLE USE AGREEMENT

- Original Agreement
- Update to Existing Agreement

The information you are being asked to provide will be used by the Washington Institute for Coagulation personnel to determine your qualification to drive your own personal vehicle on company business. You are not required by law to provide this information but if you do not do so, you will not be approved to drive your own personal vehicle on company business.

The information on this form will be accessible by your supervisor and pertinent team members who need the information for their assigned work.

Please complete this form and return it to the Compliance Officer, Nicole Jobson, nicole.jobson@wacbd.org.

Department: _____ Supervisor: _____

Employee First Name: _____ Employee Last Name: _____

- Copy of Driver's License
- Proof of Motor Vehicle Insurance

DRIVER'S RESPONSIBILITIES:

Driver Agrees to:

1. Be familiar with the State of Washington Driver's License and Motor Vehicle Insurance requirements.
2. Maintain an active, valid, and appropriate driver's license; drive responsibly and adhere to all traffic laws, including timely departure to avoid disobeying traffic laws.
3. Notify a supervisor no later than the beginning of the next scheduled trip on behalf of WIC, after losing driver's license through suspension, revocation, cancellation, disqualification, or expiration.
4. Abstain from driving if you do not have an active, valid, and appropriate driver's license.
5. Maintain liability insurance on your own personal vehicle. **Liability insurance is required for vehicles in the State of Washington, RCW 46.30.020.**
6. Avoid using cell phones, texting, and other communication devices while driving. During travel, use of cell phones is recommended only when the vehicle is stopped in a safe location or with the use of a hands-free device. **The State of Washington prohibits texting and driving or any hand-held phone use, RCW 46.61.672.**
7. Keep windshield clean and the vehicle floor must be clear and free of obstructions.
8. Driver and all passengers must wear seat belts.
9. Driver will not operate their vehicle while under the influence.
10. Driver must maintain a vehicle in safe working condition, that is road worthy.

I acknowledge I have read and understand the Driver's Responsibilities listed above.

I agree to update this agreement in the event of a change to any of the information supplied above and submit a copy of my driver's license at expiration and proof of motor vehicle insurance each year. In the event of license revocation, restriction, or suspension, or insurance lapse; I acknowledge I am no longer permitted to use my own personal vehicle for WIC business.

Employee Signature _____ Date: _____