

Driving for work – Driver Declaration [Grey fleet]

Driver Name:	
Licence Number:	
Licence Expiry Date:	
Contact Number:	
E-Mail Address:	
Manager's Name:	

Vehicle Details

Vehicle Registration No:		Year of Manufacture:	
Make:		Model:	
Engine CC:		Fuel Type:	
Last Service Date:		Odometer reading:	
Insurance Policy Details	Insurer:		
	Policy Number:		

Insurance Policy endorsed for business use: Yes No
Insurance Policy Expiry Date: DD/MMM/YYYY

Declaration

I understand that permission given to me to **use my own motor vehicle on official business**. This is subject to any relevant regulations or business rules in force. This is also subject to the condition that the vehicle is in **roadworthy condition, taxed for road use and appropriately insured for business use** and will continue to be insured, by me for the purpose of the Road Traffic Acts during the course of my work related journeys.

I confirm **I have read and agree** to adhere to the conditions and guidance set down in the Grey Fleet policy and understand that **I am responsible for all costs associated with operating my vehicle** in the discharge of my duties for the company.

I confirm that;

1. I hold a current driving licence in respect of the motor vehicle details noted above.
2. I am satisfied that the motor insurance policy in place for the motor vehicle that this Form relates to, is appropriate to cover the use of the motor vehicle for official travel/occasional business use.
3. The motor insurance policy will remain valid for all official travel when I am using the motor vehicle.
4. I will only use the vehicle on official travel where the vehicle complies with the requirements of the Road Traffic Acts.
5. I will only use the vehicle for official travel where the vehicle has been serviced and maintained and is in a roadworthy condition.
6. I will have a minimum level of breakdown equipment in my motor vehicle at all times while the vehicle is being used for official travel. Such equipment to include a red warning triangle, a Hi-Viz vest, torch and a basic first aid kit.
7. I will advise my Line Manager and the company Safety Officer immediately, in the event that I am involved in any motoring related incident or near miss while travelling on official business.
8. In the event that I become aware of a medical condition that, could negatively affect my medical fitness to drive, I will advise the company Occupational Health providers immediately and await their response before undertaking any further official travel using the motor vehicle.
9. In the event that I receive penalty points and the number of such point's results in a suspension of my driving licence, I will notify my line manager immediately of the suspension, the duration of suspension and will not use my motor vehicle for official travel during the period of the suspension.

Employee Signature:	Date:	DD/MMM/YYYY
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Please return the signed original of this document to your line manager along with a copy of your current driver licence and motor insurance policy.

If you use more than one vehicle, please complete a separate form for each vehicle. A new agreement must be generated **annually** or whenever your licence is altered or renewed or your insurance policy is altered or renewed.