I have been provided a copy of the two policies or electronic access to copies of the two policies pertaining to the use and operation of state owned vehicles:

1. Virginia Department of Fire Programs Vehicle Use Policy

I understand that it is my responsibility to read and abide by these policies. If I have any questions about the policy, I understand that I need to ask my supervisor or the Agency Transportation Officer for clarification.

In addition, I understand that there may be additional requirements of the Virginia Department of Fire Programs that will be communicated to me related to assigned vehicle restrictions, emergency vehicle operations usage and commuter fees if applicable.

Employee Number: 

Signature: 

Date: 

Supervisor Name and Signature: 