I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to comply with the driving restrictions outlined below. If I am approved and plan to drive on-the-job, in either a state vehicle or a private vehicle, I must:

* Notify my supervisor and Human Resources Office or Agency Director designee that my driving privileges have been further restricted.
* Understand whether my agency will allow on-the-job driving under a DMV Hardship Permit or other driving restrictions prior to needing, using or driving under these provisions.
* Obtain, provide and maintain my supervisor/agency designee with proof of private automobile liability insurance as required by state law or court orders when driving my personal vehicle on state business is allowed by my agency.
* At all times, I agree to abide by:
  + Any court-mandated restrictions;
  + The conditions of the Hardship Permit or restrictions;
  + The requirements of my agency’s loss control plan;
  + The Vehicle Use and Access Rules, [OAR 125-155](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=258), and
  + The state policy requiring safe, legal, and courteous driving.
* Obtain written permission from the agency allowing me to drive on-the-job which may be accomplished by completing a [DMV Hardship/Probationary Permit Application](https://www.oregon.gov/ODOT/Forms/DMV/6044.pdf) (DMV form 735-6044) or a DMV [Employer Ignition Interlock Device (IID) Exception](https://www.oregon.gov/odot/forms/dmv/6874.pdf) (DMV form 735-6874)
* Employee is responsible for and agrees to submit all required forms, fees, and certificates to DMV.
* Keep my employing agency informed of any changes in the status of my driving privileges.
* Agree to allow or assist the agency as needed to obtain compliance documentation from applicable jurisdictions.

I read and agree to the above conditions. I understand that failure to comply with the provisions of this agreement may result in disciplinary action, up to and including dismissal.

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| Employee Signature | Date |
|  |  |
| Human Resources/Agency Director Designee Signature | Date |