



TEXT BOX TO ENTER
AGENCY INFORMATION

Employee Restricted Driving Responsibilities Agreement

Document # VUAT-2G

Questions for DAS Risk Management?

☎ 503-373-7475

✉ risk.management@oregon.gov

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](#), 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](#) (DMV form 735-6044) or a [DMV Employer Ignition Interlock Device \(IID\) Exception](#) (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.

Employee Signature

Date

Human Resources/Agency Director Designee Signature

Date