

## **Declaration for Staff driving their Own Vehicle on Company business**

The following must be completed and signed by the member of staff in respect of their own vehicle used on Company business no matter how short or infrequent the journeys may be. Please hand in your Driving License and Business Insurance Certificate along with this document.

Business use applies if the vehicle is used for any purpose other than commuting only to and from home to the permanent and regular place of work. Please note that travelling from one office location to another is business use.

Registration Number:				
Make	Model	Year		
Is this vehicle owned and insured by you:			Yes / No	
If No please confirm you have the owner's permission to use the vehicle and the motor insurance allows you to drive the vehicle:			Yes / No	
Have you checked that the insurance provided allows you to use the vehicle on Company business (commuting is not business use)			Yes / No	
For vehicles over 3 years old can you confirm a valid MOT has been obtained:			Yes / No	
Can you confirm that the vehicle has a valid road fund licence:			Yes / No	
I confirm that I have a valid tyres in a good and roadwo		will maintain the veh	nicle including	
I will inform the Human Resourciminal convictions for any makere to suffer from, or developed could affect my ability to drive immediately. Failure to comply being taken against the members.	otoring offences or have my p at any time in the future, a , the Human Resources Offic y with any of these requireme	licence withdrawn. Ir health problem or dis cer/Manager will be a	n addition, if I ability that dvised	
The Company requires that a driven with due care and atte safe driving is an essential pa	ention in compliance with Ro	ad Traffic rules and r		
Driver Name:		Employee Number:		
Driver's	Date	· / /		