

VEHICLE USE AUTHORISATION FORM

Under LAA's Vehicle Use and Driver Responsibilities Policy and Procedures, all Employees, volunteers and community members are required to complete a driver authorisation form prior to driving any LAA insured vehicles.



Background Information:

Name _____

Position _____

Mobile _____ Work Phone _____

Address _____

Do you have a valid WA drivers licence: Yes No

Class _____ Drivers Licence No _____ Expiry Date _____

1. Have you had any reckless driving, or similar, in the past 5 years? Yes No
2. Have you been in an accident as the driver of a vehicle and were at fault in the past 5 years? Yes No
3. Have you had any convictions for driving under the influence of alcohol, drugs, or had a licence cancelled or suspended in the last 5 years? Yes No

If you circled YES to any of the above questions, you will be ineligible to drive the vehicle.

Compliance with Vehicle Use Policy:

I declare that I am over the age of 25 years and have held my licence for more than 2 years.

By signing this document, I certify accuracy of the information I have provided, and that I have read and agree to comply with the Vehicle Use Policy, including driver conduct regulations.

Signature of Driver _____ Date _____

Approval: I have reviewed the above information and authorise the above individual as an approved driver

Approving Signature: _____ Date _____

