

Vehicle Assignment and Responsibility Form

Employee Information

Name:

Department:

Position:

Vehicle Information

Vehicle Make:

Vehicle Model:

License Plate Number:

VIN:

Assignment Details

Assignment Start Date:

Assignment End Date:

Employee Responsibility

I acknowledge that I am responsible for the assigned vehicle and will adhere to company policies regarding its use, maintenance, and safety.

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I agree to the terms and conditions.

Employee Signature:

Date:

Submit