Vehicle Use Record

Vehicle Use Record MQ/YR DEPARTMENT VEHICLE LOCATION TAG NO. VEHICLE MAKE/YEAR Mileage I certify that my Driver's Time License is valid and trip Print Driver Name Ont Out In Ta information is accurate. Origination/Destination Purpose of Trip Driver's signature below: Date I certify that I have reviewed the Vehicle Use Record and all Drivers of this vehicle are in possession of a valid operator's license. ALL DRIVERS MUST POSSESS A VALID OPERATOR'S LICENSE SEAT BELTS MUST BE USED AND SPEED LIMITS OBSERVED Name/Title/Date (Responsible Department Reviewer)