



VEHICLE AUTHORIZATION APPLICATION
(APPLICATION MUST BE APPROVED PRIOR TO DRIVING)

Supervisors: Please return this form with a copy of the applicant's driver's licence to Human Resources by faxing to 1-866-706-6881 or submitting through the Secure Document Transfer site on the Jeffery's Website. **Never submit your driver's licence via email.**

All personnel **MUST** complete this form in order to be approved to operate their personal vehicle, or a Jeffery's Greenhouse's owned, leased or rented vehicle in the conduct of company business. Carefully read this form and provide the following information:

Application to operate: Personal Vehicle

PERSONAL INFORMATION (please print):

APPLICANT NAME

DRIVERS LICENCE NUMBER

WHAT IS THE EXPIRY DATE OF YOUR LICENSE

DATE OF BIRTH (MM/DDYY)

EMAIL ADDRESS: _____

Safe Driving Requirement

I acknowledge that I must operate any vehicle used on Company business in a safe, responsible manner and in compliance with the law. I will use vehicles on Company business only as authorized by my supervisor. I will follow all applicable rules/requirements. I understand that I am subject to Company disciplinary procedures for improper use of any vehicle on Company business.

If using my own personal vehicle on Company business, I also agree to maintain the vehicle in safe working order and will supply proof of such periodic maintenance when requested.

Physical Condition

I have no physical or mental condition that may impair my ability to drive. If my condition changes such that my ability to drive may be impaired, I shall notify my supervisor immediately.

Motor Vehicle Licence

I have a valid license to drive. I have attached a photocopy of my licence to this form. I will promptly notify my supervisor if my licence is impounded, suspended, revoked or expires and upon expiry, I will provide the company with a copy of my newly issued driver’s license.

Insurance

If driving my own personal vehicle, I agree to maintain insurance coverage with a minimum liability of \$1 million dollars on said vehicle, throughout the period that I operate my vehicle to conduct Company business. I have attached a copy of my insurance certificate to this form.

Vehicle Insurance Company: _____

Insurance Policy Number: _____

Expiration Date: _____

Employment

I understand that my employment may be contingent upon my ability to legally operate a motor vehicle for Company business as outlined in my job description or employment contract.

Confidentiality

I understand that the information collected in this form will be kept confidential and released only to those Company representatives charged with overseeing the Company’s insurance and employment policies.

DRIVER APPLICANT SIGNATURE

DATE

Completed by Head Office:

Permission is hereby granted to the applicant effective _____

(mm/dd/yy)

By: _____

Printed Name: _____

Position: _____