

COMPANY NAME  
 Address line 1  
 Address line 2  
 Address line 3  
 Post code

**COMPANY AUTHORISED VEHICLE DRIVER INSTRUCTIONS**

I acknowledge receipt of instructions concerning the use of Vehicles authorised for use on Company Business and will make every endeavour to comply with the instructions.

**Full Name:** \_\_\_\_\_ **Date Commenced Employment:** \_\_\_\_\_

**Insurance Declaration completed** YES/NO

Note: Work cannot commence without completion

Please tick the categories you are trained to drive and hold a valid licence for:

1. Car or Van not exceeding 3500kgs:B  3. Large Goods Vehicle over 7500kgs:C+E (II)
2. Medium Sized Goods Vehicle between 3500 to 7500kgs:C1, C1+E (III)  4. Articulated vehicle over 3500kgs with trailer over 750kgs:C+E (I)

**VEHICLE for use on company business is from Group: 1 2 3 4**

**Registration Number:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**INSTRUCTIONS**

Note: Delete any items not applicable

- Vehicle manufacturer's handbook.
- Drivers Company Policy Instructions & Advice Handbook + Highway Code
- Fuel Card and instructions for use. Receipt form for fuel card.
- Windscreen replacement instructions.
- Vehicle breakdown and recovery instructions.
- Tyre replacement instructions
- Insurance Instructions
- Insurance Accident Claim Form
- Insurance Theft Claim Form
- Vehicle Keys

**DRIVER SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_