Vehicle Fleet Policy Acknowledgment & Consent Form

I authorize MAPP or an agent of MAPP to obtain my State Motor Vehicle Records. I understand I must meet the qualifications stated in the MAPP Vehicle Fleet Policy in order to receive a vehicle allowance, use a personal vehicle for company business, or drive a company vehicle.

I further acknowledge that I have read and understand, and will abide by the terms and conditions stated in the MAPP Vehicle Fleet Policy regarding any vehicle for company business.

Name (printed) _____

Signature _____

Date _____