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VEHICLE RESPONSIBILITY STATEMENT

COMPANY OWNED VEHICLE

The employee whose signature is below acknowledges the following:

1. It is a condition of my employment that I possess a valid driver's license at all times during my employment with SMC.
2. It is my responsibility to immediately notify **SMC** of any change of status of my driver's license.
3. It is my responsibility to immediately notify **SMC** if I receive any of the following:
 - Any citations, regardless of moving or non-moving violation
 - Any accident, regardless of fault
 - Any Financial Responsibility and / or Failure to Appear citations
 - Any DUI / DWI or Open Container citations
4. I understand that no drivers under 21 will be accepted as authorized **SMC** drivers. If over 70 years of age, an annual doctor's certificate indicating adequate ability to safely operate a motor vehicle needs to be obtained in order to be accepted as an authorized **SMC** driver.
5. I understand I am responsible for any moving violations and parking citations, including towing charges if applicable.
6. I understand that if any of the above mentioned criteria apply to me, I must notify **SMC** in writing within ten days of the occurrence.

PERSONAL VEHICLE

*If a driver is using a personally-owned / leased vehicle rather than an **SMC**-owned / leased vehicle, the following criteria are **also** agreed to, **in addition to all criteria stated above**:*

1. It is a condition of my employment that I maintain a **liability insurance** policy in effect on any personal vehicle I use in the course and scope of my employment with **SMC**
2. It is a condition of my employment to maintain **current registration and state inspection** (where applicable) stickers / documentation on any personal vehicle I use in the course and scope of my employment with **SMC**.
3. I understand I am responsible for any damage or maintenance to any personal vehicle in use in the course and scope of my employment with **SMC**.

It is my understanding that failure to abide by the above stated conditions may result in corrective action, up to and including termination.

Employee:

Signature

Print Name

Date

Witness:

Signature

Print Name

Date