



South Mississippi State Hospital

823 Highway 589 • Purvis, MS 39475
PHONE: (601) 794-0100 • FAX: (601) 794-0210

STATE OF MISSISSIPPI VEHICLE USE AGREEMENT

I _____ (*print name*) being age 18 or older, understand and agree that my use of any State of Mississippi vehicle from 9/01/2023 to 8/31/2024 (maximum one year) shall be exclusively for official business of the State of Mississippi. I understand and agree that personal use of the State-owned vehicle is prohibited. I agree to operate this vehicle in a safe, prudent and lawful manner at all times. Seat belts shall be worn by all vehicle occupants when the vehicle is in motion. I will not permit any other person to operate the vehicle while it is in my control, unless the person is an authorized user of state vehicles. I will not drive this vehicle out of the State of Mississippi without prior approval. I do truthfully state that I have a valid, non-conditional driver's license and that my privilege to drive is not currently under suspension. I grant permission to the Agency to verify my license information and motor vehicle driving record and willingly offer the following license information:
Date of Birth _____ License No. (If SSN list last 4 digits) _____

One of the following MUST be checked:

I do truthfully state that in the past three years: my license has not been suspended, I have not been convicted of any alcohol related driving violations, nor have I been convicted of any offense related to the use or operation of a motor vehicle.

I do truthfully state that in the past three years I have been issued a ticket or citation for the following violations related to the use or operation of a motor vehicle (list):

Type of violation: _____ Date: _____
Type of violation: _____ Date: _____
Type of violation: _____ Date: _____

I UNDERSTAND THAT FALSE STATEMENTS OR THE USE OF A STATE-OWNED VEHICLE NOT PERMITTED BY THIS AGREEMENT WILL RESULT IN DISCIPLINARY ACTION AND REQUIRE ME TO ASSUME THE FULL LEGAL AND FINANCIAL CONSEQUENCES OF MY ACTIONS. I HAVE BEEN GIVEN A COPY OF THE STATE RULES AND REGULATIONS FLEET MANUAL AND HAVE READ AND UNDERSTAND ITS CONTENTS. IMPORTANT NOTICE TO DRIVER: DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND THIS DOCUMENT.

Agency Name: South Mississippi State Hospital (EMSH) **Agency No.:** 0372

Driver Signature: _____ **Date Signed:** _____

Signature of Executive Director: _____ **Date Signed:** _____

PROCESSING DIRECTIONS: It is the employing agency's responsibility to require potential drivers of state-owned vehicles to complete this form, and update it annually. Based on the information given, the agency will need to approve or disapprove the potential driver's use of a state-owned vehicle. For further information regarding approval or disapproval of the use of a state-owned vehicle based upon driving record, please see section 4.101.01 of the State of Mississippi Rules and Regulations Fleet Manual. The BFM reserves the right to deny use of state-owned vehicles to any user at any time based on the above information given when it is in the best interest of the State. This form must be updated annually and is due by **January 15** of each year. If you have any questions, call 601-359-3409.