

Corporate Policy Authorized Driver Addendum Form

Company Information

Company Name

Department

Policy Number

Authorized Driver Information

Driver Name

Employee ID

Job Title

Contact Number

Email Address

Driver's License Number

License State/Province

Expiration Date

Vehicle Information (if applicable)

Vehicle Make

Vehicle Model

Year

License Plate Number

Purpose of Authorization

Authorization Effective Date

Authorization Expiry Date

Agreement

I acknowledge that I have read and understand the company's corporate vehicle and driver policy and agree to abide by its terms and conditions.

Authorized Driver Signature

Date

Supervisor/Manager Signature

Date