



**Certificate of Authorization  
for Non-Employee (Temporary Service Worker)  
to Operate State Vehicle for the  
Virginia Department of Transportation**

**Printed Name and Address of Driver:** \_\_\_\_\_ ("You")

**Driver's License Number and Issuing State:** \_\_\_\_\_

**Contract number under which you are providing services to Agency:** \_\_\_\_\_

**TO THE DRIVER NAMED ABOVE:**

**Authorization:** The undersigned Agency representative hereby authorizes you to operate this Agency's State-owned or State-leased vehicles to carry out your duties as a temporary services worker during your assignment to this Agency. This authorization permits you to use the State vehicle solely in the performance of duties this Agency assigns to you under the above Contract.

This does not authorize you to use the vehicle to: (i) take any detour for personal purposes; (ii) commute to or from your work location; (iii) transport any family member or any person whose presence is not required for performance of the work; or (iv) allow any other person to operate the State vehicle, unless that person is an employee of the Agency or has his own certificate of authorization like this one. This authorization terminates immediately if your drivers' license expires or is suspended or revoked.

**Accidents:** If any accident, damage, or injury involving a State vehicle entrusted to you occurs, or if any citation is issued for a moving or non-moving violation involving the vehicle, report this to the Agency within the same business day.

**Liability Coverage:** Establishment of liability coverage for State-owned or State-leased vehicles is governed by § 2.2-1838(A) of the *Code of Virginia*, which authorizes a risk management plan to provide protection for state employees or other authorized persons against tort liability and incidental medical payments arising out of the use of motor vehicles owned or leased by the Commonwealth. Attached is a copy of the Risk Management Plan that was issued on January 6, 2005, pursuant to the above Code provision. This Plan can be changed at any time with approval of the Governor, as provided in § 2.2-1838. Coverage can extend only to conditions or incidents arising out of the use of motor vehicles by state employees or other authorized persons in the course of their employment, as provided in § 2.2-1838(A). One purpose of the Certificate of Authorization is to establish your status as authorized to use motor vehicles owned or leased by the Commonwealth. Protection provided by the Risk Management Plan, including coverage, limits, exclusions, reporting requirements, and other conditions, is governed by the Plan itself. Nothing in this Certificate or in statements made by the Agency shall be deemed to supplement, amend, or interpret the attached Plan. Coverage provided by the Plan does not preclude the possibility of circumstances under which you could be subjected to liability or collection efforts.

**No oral authorization or changes:** Use of state-owned or state-leased vehicles by a temporary service worker is authorized only if the authorization is in writing and in the form of a certificate like this one. Any changes to the form or conditions of this certificate shall be valid only if made in a writing that is signed by the head of the Agency.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** A copy of this completed form must be given to the authorized individual with a copy of the Risk Management Plan. The completed Certificate original will be kept on file with the user agency; copies must be sent to the Contractor and the Contracting Officer, [Christine.Nichols@dgs.virginia.gov](mailto:Christine.Nichols@dgs.virginia.gov), or by fax to: (804)786-5413.