Southern Ute Community Action Programs, Inc.



Motor Vehicle Usage

Ι,	_ understand that it is my responsibility to
PLEASE PRINT keep a valid drivers license and cu	arrent vehicle insurance while performing
job duties that require me to opera	ate my vehicle. I further understand it is a
condition of employment that I do so.	
Signature	 Date

Please email this completed form to hr@sucap.org - signatures are requested during orientation.