



Maricopa County

Vehicle & Equipment Use Permit Application Acknowledgement

PLEASE ENTER YOUR INFORMATION BELOW. PRINT, SIGN & FORWARD TO YOUR DEPARTMENT'S DESIGNEE

First Name:

Last Name:

Employee ID:

Signature:

Date Signed:

CERTIFICATE OF UNDERSTANDING:

I certify that I have been trained and am confident in my ability to operate the vehicle/equipment selected on the VUP application and have operated all selected vehicle/equipment within the past one year.

Additionally, I certify that I have read, understand and agree to abide by the contents of the [Use of County and Private Vehicles and Equipment Policy A2310](#).

Please forward copies of your Driver's License, Certificate of Completion for Defensive Driving, and a Signed copy of this form to your Department's VUP Designee. If applicable, also provide copies of your CDL medical card and any other training documentation.