

MOTOR VEHICLE ASSIGNMENT AND USE AUTHORIZATION FORM

<u>Section I - Employee Information:</u>		
Name:		
(Last)	(First)	(M.I.)
Title:		
Agency:		
Department/Division:		
Employee ID #:		
Home Address:		
City/County/Zip Code:		
Telephone No:		

<u>Section II - Vehicle Information:</u>
Agency Vehicle Number/Equipment ID #:
Vehicle Identification Number (last 8 characters):
License Plate Number/County:
Year:
Make:
Model:
Body Type:

<u>Section III - Policy Memorandum Exemptions</u>
Section has been incorporated into Section IV, question 2.

<u>Section IV - Individual Vehicle Assignment:</u>
1. Number of Miles Driven Last Year:
a) Number of State business miles driven in a State Vehicle last fiscal year:
1) Agency Unique Vehicle Number of vehicle_(s) driven last fiscal year:
2) Period(s) during which the vehicle(s) was used last fiscal year:
b) Number of State miles reimbursed for personal vehicle use last fiscal year:
c) Number of Commuting miles driven in a State Vehicle last fiscal year: _____
d) Total number of miles from (a) and (b) above: _____
e) Did the total in (d) exceed 14,000 miles? () Yes () No If "Yes", go to Item #3.
f) If vehicle was driven less than 14,000 State business miles in the last year, has it been driven more than 3,500 state miles in the subsequent three months? () Yes () No If "No", go to Item #2.
2. Vehicle Configuration/Operations:
a) Does the employee's position require the individual to perform duties of a sworn/POST certified/registered law enforcement officer AND having a vehicle is essential for the employee to carry out his/her job functions? () Yes () No
b) Is the vehicle required to have any special equipment; for example, Emergency Warning Lights? () Yes () No If "Yes", list special equipment: _____
c) Is the vehicle used to transport equipment that is too large or heavy, or has special features that make it impractical to be transferred between vehicles or between a vehicle and a fixed location? () Yes () No If "Yes", list equipment/explain: _____
d) Is the vehicle required to be driven in sites or under conditions that would endanger privately owned vehicles? () Yes () No If "Yes" describe conditions: _____ _____

(Section IV – Continued)

3. If **all** of questions 1e, 1f, 2a, 2b, 2c and 2d are answered “No”, the employee is not authorized for individual assignment of a vehicle.
4. If **any one** of questions 1e, 1f, 2a, 2b, 2c and 2d are answered “Yes”, the employee is authorized for individual assignment. **Go to Section V for overnight vehicle use authorization.**

Section V – Overnight Vehicle Use on a Routine Basis (Only one “Yes” permitted.)

1. The position requires the employee to perform the duties of a sworn/POST certified/registered law enforcement officer, and the vehicle assigned to the employee is specially equipped for law enforcement purposes, and having the vehicle is essential for the employee to carry out their job functions? () Yes () No
2. As a condition of employment, is the driver required to regularly respond directly to the scene of emergencies associated with this position on a 24/7 basis? () Yes () No
If “Yes”, enter the number of on-call responses during the previous fiscal year:

3. Does the employee regularly travel directly to remote sites (of sufficient distance for the employee to be on travel status) from his or her home, rather than reporting daily to a central worksite/office? () Yes () No
4. Does the employee work out of his or her home and routinely travel to different work sites on successive days? () Yes () No
5. Is there potential for vandalism to or theft of vehicles/tools/equipment left at the work site overnight and is it a problem or too costly to obtain security nearby? () Yes () No

If any of questions 1 through 5 is answered “Yes” with substantiating comments, the employee will be considered for overnight use of a vehicle on a routine basis.

If all of the questions 1 through 5 are answered “No”, the employee is **NOT** authorized for overnight assignment of a vehicle on a routine basis.

Section VI – Comments

Section VII – Employee Certification

I certify the above listed information is complete and accurate for the purpose of this request.

Employee’s Signature

Section VIII – Agency Recommendation

1. Employee is recommended for authorization of individual assignment of a vehicle per Section III or IV. () Yes () No
2. Employee is recommended for authorization of overnight use of the vehicle on a routine basis per Section V. () Yes () No **(Agency Head signature required for routine overnight use recommendation.)**

Employee’s Supervisor:

(Signature) (Date)

Agency Head or Designee:

(Signature) (Date)

Section IX – DOAS Authorization

1. Employee is recommended for authorization of individual assignment of a vehicle per Section IV. () Yes () No
2. Employee is recommended for authorization of overnight use of the vehicle on a routine basis per Section V. () Yes () No

DOAS Delegate:

(Signature) (Date)

Title:
