

## MOTOR VEHICLE ASSIGNMENT AND USE AUTHORIZATION FORM

### **Section I - Employee Information:**

Name:

\_\_\_\_\_

(Last)                      (First)                      (M.I.)

Title:

Agency:

Department/Division:

Employee ID #:

Home Address:

City/County/Zip Code:

Telephone No:

### **Section II - Vehicle Information:**

Agency Vehicle Number/Equipment ID #:

Vehicle Identification Number (last 8 characters):

License Plate Number/County:

Year:

Make:

Model:

Body Type:

### **Section III – Policy Memorandum**

#### **Exemptions**

Is the vehicle driven by a sworn, POST-certified/registered law enforcement officer employed by the Department of Public Safety (DPS) or the Department of Motor Vehicle Safety (DMVS) for the purpose of patrolling?

( ) Yes ( ) No

If "Yes", the employee is authorized for individual assignment of a vehicle. Go to Section V for Overnight Vehicle Use authorization. If "No", complete Section IV for Individual Vehicle Assignment.

### **Section IV – Individual Vehicle Assignment:**

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) Is the vehicle required to have any special equipment such as Emergency Warning Lights? ( ) Yes ( ) No  
**If "Yes", list special equipment:**

\_\_\_\_\_

b) 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", explain in comments section or on a separate sheet.**

c) 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 the questions 1e, 1f, 2a, 2b and 2c are answered “No”, the employee is not authorized for individual assignment of a vehicle.
- 4. If **any one** of the questions 1e, 1f, 2a, 2b and 2c 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**

- 1. Is the vehicle assigned to the head of an agency?  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”, explain in comments section or on a separate sheet.**
- 3. Is the vehicle specially equipped, used for mission related to the special equipment and rarely driven to a central work site from the employee's home?  Yes  No  
**If “Yes”, explain in comments section or on a separate sheet.**
- 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 assignment 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**

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**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

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:  
\_\_\_\_\_