

MOTOR VEHICLE ASSIGNMENT AND USE AUTHORIZATION FORM

Section I – Employee Information

Last Name

First Name

M.I.

Title

Employee ID #

Agency

Department/Division

Street Address (Home)

Telephone No.

City

State

Zip Code

County

Section II – Current Vehicle Information

In this section, please provide information about the vehicle you are assigned this year.

Agency Vehicle/Equipment Number

Vehicle Identification Number (last 8 characters)

License Plate Number

County

Year

Make

Model

Body Type

Section IV – Assigned Vehicle Use**Yes/No****Number of Miles Driven Last Year**

1. Does the State employee drives 14,000 State business miles, in order to routinely conduct State business? (This cannot include Commuting Miles) _____
2. Is the vehicle used to transport equipment that is too large or heavy, or has special features that makes it impractical to be transferred between vehicles or between a vehicle and a fixed location? _____
3. Is the vehicle required to be driven to sites or under conditions that would endanger privately owned vehicles? _____
4. 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? _____

Section V – Overnight Vehicle Use (Only drivers that qualify for Assignment (Above) can apply for Overnight Use (Below))**Yes/No**

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? _____
2. Does the employee work out of his/her home and travel to different work sites as part of routine duties? _____
3. Is there no overnight security at the employee's work site where there is evidence of vandalism, and security cannot be obtained for a modest cost nearby? _____
4. 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? _____
5. 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?(Refer to Policy 10,3.3.1 for Vehicle Restrictions/Conditions) _____

To view a copy of policy 10:

http://doas.ga.gov/stateLocal/Fleet/Docs_fleet_OfficialPolicies_ExecutiveOrders/Policy 10.pdf

Comments

Employee Certification

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

Employee's Signature

Date

Agency Recommendation

- | | | |
|--|-----|----|
| 1. Employee is recommended for authorization of individual assignment of a vehicle per Section IV. | Yes | No |
| <hr/> | | |
| 2. Employee is recommended for authorization of overnight use of the vehicle on a routine basis per Section V. | Yes | No |

Agency Head or Designee Signature

Date

Agency Approved Signature

Date