

## REQUEST AND APPROVAL FOR USE OF MOTOR VEHICLE

**FOR USE BY:** PPMB, DPM, AOS

VEHICLE NO.

TYPE OF VEHICLE

DATE OF REQUEST

TO: CHIEF, PERSONAL PROPERTY MANAGEMENT BRANCH, DPM/AOS

Your approval is requested for the below named employee to acquire a motor vehicle for use while on official business. Information relative to this request is as follows:

|   |   |  |
|---|---|--|
| NAME OF REQUESTOR   | ORGANIZATION <i>(Agency or Staff Office)</i>                  | PHONE NUMBER<br>(      )                     |
| NAME OF DRIVER  | DRIVER'S MOTOR VEHICLE LICENSE NUMBER<br><br>Expiration Date: | STATE<br>DATE AND HOUR NEEDED                |
| TYPE OF VEHICLE REQUESTED<br><i>(Sedan, Truck, S.W. or Van)</i> | NUMBER OF OCCUPANTS <i>(Including Driver)</i>                 | DATE AND HOUR OF RETURN <i>(Approximate)</i> |
| DESTINATION   | PURPOSE OF TRIP   |  |

I certify that there is no public or scheduled Government transportation that will meet the requirements of the trip.

|  |   |      |
|--|---|------|
| TYPED NAME OF REQUESTING OFFICIAL  | SIGNATURE OF REQUESTING OFFICIAL                        | DATE |
| CHECK ONE<br><input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED | SIGNATURE OF APPROVING OFFICIAL <i>(PPMB, DPM, AOS)</i> | DATE |

### RECORD OF TRIP

**INSTRUCTIONS:** Return original of this form, keys, credit card, and all credit slips for purchase of gasoline, oil, and other authorized services to the Motor Pool Dispatcher. The user is responsible for the vehicle. Check glove compartment for Vehicle Operating Instructions, Emergency Procedures, and Accident Report Forms. Report vehicle defects to the Motor Pool Dispatcher.

| DATE             | ISSUED   | RETURNED  | TOTAL DAYS IN USE | INDICATE CONTENTS OF VEHICLE  |
|------------------|--|---|-------------------|---|
| TIME             | OUT <input type="checkbox"/> AM<br><input type="checkbox"/> PM | IN <input type="checkbox"/> AM<br><input type="checkbox"/> PM | TOTAL TIME        | <input type="checkbox"/> JACK <input type="checkbox"/> WHEEL AND SPARE TIRE<br><input type="checkbox"/> SEAT BELTS <input type="checkbox"/> CREDIT CARD |
| MILEAGE READINGS | OUT  | IN  | TOTAL MILEAGE     | <input type="checkbox"/> WHEEL WRENCH <input type="checkbox"/> TIRE CHAINS<br><input type="checkbox"/> OTHER <i>(Specify)</i> _____                     |

**CERTIFICATION:** Receipt of vehicle with tools, equipment and accessories checked or listed above is acknowledged. Any visible defects have been noted herein. I certify that this vehicle will be used for **OFFICIAL BUSINESS ONLY**. I further certify that I have a valid State or District of Columbia driver's license.

REMARKS *(Use plain paper if necessary)*

|  |   |   |
|--|---|---|
| CREDIT CARD PURCHASES OR SERVICES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | SPECIFY TYPE OF PURCHASE, SERVICE AND COST PER ITEM | WAS THIS VEHICLE INVOLVED IN AN ACCIDENT WHILE IN YOUR CUSTODY?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| SIGNATURE OF VEHICLE USER  | TITLE   | DATE  |
| SIGNATURE OF DISPATCHER  | DATE  |   |