

Authorization for Use of Company Vehicle by Resident

This is a request for _____ to use a company vehicle during
Resident's Full Name

the course of employment with _____. This vehicle may also
Full Name of Company

be driven to and from the place of employment, during regularly scheduled working hours, in
the performance of his/her employment duties, while residing at _____.
Center Name

Justification For Request:

Type of Vehicle to be Operated:

Make

Model

VIN #

Description

Frequency of Use

Type and Amount of Insurance Coverage

Name of Company Employee making Requesting: _____

Signature of Company Employee

Date

Approval/Disapproval of Superintendent
(circle one)

Date