AUTHORIZATION TO OPERATE STATE OWNED VEHICLE OUT-OF-STATE

In compliance with the campus policy, completion of this form provides authorization for state owned vehicles to be operated out of the state. One completed copy of this form is to be carried in the vehicle glove compartment while traveling in another state. A second completed copy is retained by FLEET SERVICES. Prepare this form in duplicate and upon acquiring the Department Chairman's signature, forward both copies to the Fleet Manager.

* When traveling in Mexico, supplemental insurance must be purchased at the border. If you do not purchase the insurance coverage and you have an accident in Mexico, you will be arrested.

TYPE OF VEHICLE:	
VEHICLE #:	VEHICLE LICENSE # :
POOL RENTAL:	TERM LEASE RENTAL:
CAMPUS DEPARTMENT:	DRIVERSNAME:
DESTINATION:	
PURPOSE OF TRIP:	
LIST ALL PASSENGERS:	FACULTY STAFF STUDENT ☐
	FACULTY STAFF STUDENT ☐
	FACULTY STAFF STUDENT ☐
	FACULTY STAFF STUDENT ☐
SCHEDULE **DEPARTURE** (MONTH / DATE / YEAR)	**SCHEDULE** **RETURN** (MONTH / DATE / YEAR)

SIGNATURE OF VEHICLE DRIVER MUST BE NOTARIZED IF TRAVELING OUTSIDE THE COUNTRY.

TRAVLER DRIVER ✘	Date

OTHER APPROVALS REQUIRED:

_____

Department Chair   Date

_____

Fleet Service Manager   Date

NOTARY ACKNOWLEDGEMENT

STATE OF **CALIFORNIA**
COUNTY OF **RIVERSIDE**
ON_____, before me,_____, Notary Public, personally appeared_____, personally know to me –OR- proven to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

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