

**PARKING & TRANSPORTATION  
APPLICATION FOR ASSIGNMENT OF MOTOR POOL VEHICLE  
OR UPDATE OF PREVIOUS APPLICATION**

<b>DEPT:</b>	<b>ACCOUNT CODE:</b>	
<b>ADDRESS:</b> (st., city, zip)		
<b>APPLICATION</b> <input type="checkbox"/> New Assignment – Complete Section 1 <input type="checkbox"/> Informational Update – Complete Section ID if applicable  For Pool # _____	<b>ASSIGNMENT</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Pool Use – Multiple Users <input type="checkbox"/> Individual – Complete Section III & Give Name Below <input type="checkbox"/> Temporary How Long _____	<b>VEHICLE TYPE</b> <input type="checkbox"/> Sedan <input type="checkbox"/> S/W – Complete Justification Below <input type="checkbox"/> Van – Complete Justification Below
<b>JUSTIFICATION FOR VAN, S/W Request:</b>		
<b>INDIVIDUAL ASSIGNMENT</b> (name, work address and location where vehicle stored) Complete Section III		
<b>POOL VEHICLE CONTACT:</b> (person responsible for vehicle, work address, phone)		
<b>DATE VEHICLE NEEDED:</b>	<b>PROJECTED ANNUAL BUSINESS MILES:</b> If Less Than 16,400 Complete Section II	

**SECTION I  
JUSTIFICATION FOR ASSIGNMENT  
HISTORICAL AND CURRENT DATA ON USER(S) OF VEHICLE REQUESTED**

- A. Mileage Fiscal Year to date in personal reimbursement \_\_\_\_\_ Miles
- B. Mileage previous Fiscal Year in personal reimbursement \_\_\_\_\_ Miles
- C. Mileage for Motor Pool vehicles traveled \_\_\_\_\_ Miles this Fiscal Year to Date and \_\_\_\_\_ Miles last Fiscal Year.
- D. Describe any recent changes in responsibilities that affect mileage accumulation:

A, B, and C pertain to all potential users of the vehicle requested if a new application.

**SECTION II  
REQUEST FOR EXEMPTION TO MANDATED MINIMUM MILEAGE CRITERIA**

- A. Vehicle used by sworn law enforcement officer with duties consisting of the following:
  
- B. Vehicle used by employees whose duties relate to public safety and life threatening situations consisting of the following:  
  
 The number of responses to emergencies this Fiscal Year to date is \_\_\_\_\_ and last Fiscal Year was \_\_\_\_\_ .
- C. Special Need Vehicle necessary to perform the following critical functions of the department. Be specific.  
  
 Frequency of use (times/day, week, month or year) \_\_\_\_\_/\_\_\_\_\_  
  
 Reason for Use:
- D. Vehicle needed due to the nature and type of specialized equipment to perform critical functions of the department. The following is a listing of the type, size, and approximate weight of equipment:

DEPT:

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**SECTION III  
INDIVIDUAL ASSIGNMENT ONLY  
COMMUTING INFORMATION**

A. Will an employee be authorized to use vehicle for commuting?

No – Vehicle will be parked at office (address) \_\_\_\_\_

No – Home is office (address) \_\_\_\_\_

Yes – Reason for commuting \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Work location: \_\_\_\_\_

Home address: \_\_\_\_\_

One-way mileage (home to office) \_\_\_\_\_ miles

B. Does department request exemption to commuting fee for employee (subject to Fleet Administrator's approval).

No – Employee authorizes payroll deduction for fee.

Yes – Basis for exemption is the following: \_\_\_\_\_

**SECTION IV  
CERTIFICATIONS  
OPERATOR-DEPARTMENT TRANSPORTATION OFFICER-AGENCY HEAD**

THE UNDERSIGNED CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF OUR KNOWLEDGE. WE UNDERSTAND THAT IF ANY INFORMATION CHANGES THAT A NEW FORM MUST BE SUBMITTED. WE UNDERSTAND THAT COMPLIANCE WITH THE APPROPRIATE ACT AND THE CAR POOL REGULATION IS MANDATORY.

\_\_\_\_\_  
(Principal Operator) (date)

\_\_\_\_\_  
SSN

\_\_\_\_\_  
(Dean, Chairman, Director) (date)

\_\_\_\_\_  
(Dept Transportation Officer) (date)

**MOTOR POOL FLEET MANAGEMENT USE ONLY**

REQUEST FOR VEHICLE APPROVED:  YES  NO

REQUEST FOR EXEMPTION TO MINIMUM MILEAGE CRITERIA APPROVED:  N/A  YES  NO

REQUEST FOR EXEMPTION TO COMMUTER FEE:  N/A  YES  NO

COMMUTER FEE CALCULATION (SEMI-MONTHLY) -

THE FOLLOWING VEHICLE IS BEING ISSUED AS A RESULT OF THIS APPLICATION:

POOL # \_\_\_\_\_ LICENSE # \_\_\_\_\_ VEHICLE TYPE \_\_\_\_\_

\_\_\_\_\_  
(Fleet Administrator) (date)

A COPY OF THIS FORM, SIGNED BY THE FLEET ADMINISTRATOR , IS YOUR AUTHORITY TO PICK UP THE ABOVE NOTED VEHICLE AND MUST BE PRESENTED AT THE TIME OF PICKUP.

THE MOTOR POOL IS LOCATED AT 1101 MILLMONT ST., CHARLOTTESVILLE, VIRGINIA. VEHICLES MAY BE PICKED UP DURING REGULAR WORK DAYS BETWEEN THE HOURS OF 7:30 A.M. AND 4:30 P.M.

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
President

DISAPPROVED: \_\_\_\_\_