

Motor Vehicle Request

All drivers must have a current Driver's License Report on file in the FM&O Office and must adhere to the District Driver's Policy; sections AR – 3205 (D and E)

Selection #1:

For Field Trips or any event that is **NOT** an Athletic event, [use the Motor Vehicle Requisition \(MVR\) form](#). Fill in all fields. Have the form signed by the Dean, Director, or higher that you report to. Fax form to the FM&O office at 949-364-9461. Keep the original for your records.

Selection #2:

For Athletic Events, [use the Motor Vehicle Requisition – Athletics \(MVR-A\) form](#). Fill in all fields. Have the form signed by the Dean, Director, or higher that you report to. Fax form to the FM&O office at 949-364-9461. Keep the original for your records.

Vehicles will not be reserved on a permanent basis for any function.

MOTOR VEHICLE REQUISITION (MVR)

Requestor:		EXT:	
Date(s) of Use:		Department:	
Purpose of Use:		Destination:	Mileage Estimate
Departure Date and Time:		Return Date and Time:	
Number of Vehicles Needed:		Number of Passengers (Incl. the driver):	
Vehicle Desired:	<input type="checkbox"/> Cargo Van <input type="checkbox"/> 12-Passenger Van <input type="checkbox"/> Sedan <input type="checkbox"/> Flat Bed Truck		

* Please read the **STATEMENT OF INTENTION and AUTHORIZATION** below before signing.

Legal Name Driver 1:		Lic. #:		<input type="checkbox"/> Faculty/ Staff Driver <input type="checkbox"/> Student/ Vol. Driver
*Signature:				
Legal Name Driver 2:		Lic. #:		<input type="checkbox"/> Faculty/ Staff Driver <input type="checkbox"/> Student/ Vol. Driver
*Signature:				
Legal Name Driver 3:		Lic. #:		<input type="checkbox"/> Faculty/ Staff Driver <input type="checkbox"/> Student/ Vol. Driver
*Signature:				
Legal Name Driver 4:		Lic. #:		<input type="checkbox"/> Faculty/ Staff Driver <input type="checkbox"/> Student/ Vol. Driver
*Signature:				

***STATEMENT OF INTENTION and AUTHORIZATION:**

I, the undersigned, do hereby agree to abide by and observe all the policies, rules, and regulations of the South Orange County Community College District and to operate said vehicle in a careful and reasonable manner. By signing this form, I hereby authorize the California Dept. of Motor Vehicles (DMV) to disclose or otherwise make available my driving record to South Orange County Community College District. I understand that SOCCCD may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every 12 months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my driving assignment with SOCCCD. The EPN program is an effort to promote driver safety. My driver license report will be released to SOCCCD to determine my eligibility to drive SOCCCD vehicles.

1. The use of district motor vehicles is restricted to district business, by authorized district personnel.
2. Requisitions shall receive consideration in the following order:
 - a. Date and hour the Transportation Office receives the requisition.
 - b. Requisitions will not receive consideration unless the designated administrator approves the purpose of the use.
 - c. The "Purpose of Use" will prevail whenever more than one request is received at the same time for use on the same day and hour, according to which request serves the best interests of the district.
3. The person making the request will be responsible to determine if enough fuel is in the vehicle, and obtain a credit card from the Transportation Office. Drivers must complete the Daily Inspection Form for each trip.
4. Vehicle keys, credit cards, and gasoline receipts must be turned into Transportation upon the return of the vehicle. For vehicle return after hours, leave packet with keys, credit cards, receipts and completed Daily Inspection Form in the after-hours drop box at Transportation.
5. In the event of an accident, complete the "Report of Accident" form contained in the vehicle packet, and an "Incident Report" from the district website. Both forms must be completed and submitted to the FM&O office.

Approved By: Dean/Director _____ Title _____ Date _____

Fax to the FM&O office at 949-364-9461. Keep original for your records.

