

**AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS**

STD. 261 (REV. 09/15)

**This approval must be renewed each fiscal year (July 1st.)**

Approval is required by the traveler's supervisor.  
If driver's license expiration date on form has expired, must write the current expiration date on form.

**Original form is retained with department supervisor.**

**I. CERTIFICATION**

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business  
I hereby certify that, whenever I drive a privately owned vehicle on State business I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear seat belts and the vehicle shall always be:

- Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage.) Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
- Adequate for the work to be performed.
- Equipped with safety belts in operating condition.
- To the best of my knowledge, in safe mechanical condition as required by law

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE #:	STATE:	DRIVER'S LICENSE EXPIRATION DATE:	FISCAL YEAR: 20 / 20
EMPLOYEE'S SIGNATURE:	PRINT NAME:	DATE SIGNED:	

**II. APPROVAL**

*Use of a privately owned vehicle on State business is approved*

APPROVING AUTHORITY SIGNATURE:	TITLE:	DATE APPROVED
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**III. RENEWAL**

*I have reviewed the above certification and approval and certify that the information provided is correct and valid*

EMPLOYEE'S SIGNATURE:	APPROVING AUTHORITY SIGNATURE:	DATE APPROVED	FISCAL YEAR
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*I have reviewed the above certification and approval and certify that the information provided is correct and valid*

EMPLOYEE'S SIGNATURE:	APPROVING AUTHORITY SIGNATURE:	DATE APPROVED	FISCAL YEAR
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*I have reviewed the above certification and approval and certify that the information provided is correct and valid*

EMPLOYEE'S SIGNATURE:	APPROVING AUTHORITY SIGNATURE:	DATE APPROVED	FISCAL YEAR
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*I have reviewed the above certification and approval and certify that the information provided is correct and valid*

EMPLOYEE'S SIGNATURE:	APPROVING AUTHORITY SIGNATURE:	DATE APPROVED	FISCAL YEAR
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*I have reviewed the above certification and approval and certify that the information provided is correct and valid*

EMPLOYEE'S SIGNATURE:	APPROVING AUTHORITY SIGNATURE:	DATE APPROVED	FISCAL YEAR
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*I have reviewed the above certification and approval and certify that the information provided is correct and valid*

EMPLOYEE'S SIGNATURE:	APPROVING AUTHORITY SIGNATURE:	DATE APPROVED	FISCAL YEAR
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*I have reviewed the above certification and approval and certify that the information provided is correct and valid*

EMPLOYEE'S SIGNATURE:	APPROVING AUTHORITY SIGNATURE:	DATE APPROVED	FISCAL YEAR
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