



Office Use Only
Vehicle # _____

1. Type of Vehicle

2.

3. Driver

4. Phone

5. Request Date

6. Division

7. Destination

8. Number of Passengers

9. Purpose of Trip

10. Pick Up Vehicle Date

11. Time

12. Return Vehicle Date

13. Time

14. Approved By:

Asst. Supt./Dean/Division Chair Signature

CERTIFICATION

Please Mark Licensing:

I have a valid Class 3 California Driver’s License

I have a valid Class 2 (Class B) or Commercial Class C with Passenger Endorsement California Driver’s License to drive a vehicle with 12 or more passenger seats.

I certify by my electronic signature below that I have not been issued more than three moving violations or been responsible for three accidents or a combination of three of the above during a period of the last three years, and that the person named in the “Approved By” field above has approved this request.

Driver’s Signature