

**AUTHORIZATION FORM  
FOR USE OF A COUNTY VEHICLE**

Per County of Trinity Driving Policy:

II) General Vehicle Use; 4) A County vehicle shall not be used for any purpose other than County business or in the performance of a duty as a County employee, without prior approval from the County Administrative Officer (CAO).

I, \_\_\_\_\_, request use of a Trinity County vehicle for \_\_\_\_\_  
Department Head Employee Name

starting date \_\_\_\_\_ and ending \_\_\_\_\_ to have below described vehicle available at all  
Date Date  
times, which includes nights, weekends and holidays.

Employee is a safety officer authorized to carry a gun and make arrests. (Everything with an asterisk \* does not apply)

\*Justification: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ hereby swear and affirm the County vehicle will be used only to commute to work from my home  
Employee Name

located at: \_\_\_\_\_  
House number Street Name City

\*Cell/Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County email: \_\_\_\_\_

California Driver's License #: \_\_\_\_\_ Vehicle County ID #: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_  
Year Make Model

Vehicle VIN #: \_\_\_\_\_ Vehicle License Plate #: \_\_\_\_\_

\*  Vehicle is 14,000 pounds or more; OR permanently and clearly marked as a County vehicle; equipped with permanently installed equipment; especially designed for specific use; a van that cannot hold passengers.  
(Everything with a spade ♠ does not apply).

\_\_\_\_\_ I understand there is ***no personal use of the County vehicle***, which includes but not limited to:  
Initial Carrying hitchhikers, family members, friends, or other unauthorized persons (including County employees),  
personal shopping, errands, etc.

\*♠ \_\_\_\_\_ I understand this is a fringe benefit and it will be added to my taxable income.  
Initial (\$1.50 per commute to or from work; total amount for the period will be taxed).

\*♠ \_\_\_\_\_ I understand that I must keep a commute log which will be submitted with my monthly time card.  
Initial

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Department Head Signature Date

\_\_\_\_\_  
CAO Signature Date

**For CAO use, ONLY**

**APPROVED**

**DENIED** \_\_\_\_\_

State Reason –  Additional Page(s) Attached