DISTRICT VEHICLE RESERVATION FORM

Operations Department Phone: (916) 558-2543

Name:				Dept:		Contact Number:		
Purpose of Trip:					Training and DMV Form Complete 🗌 *			
Ada	litional Drivers	s (If applicable	e):					
Nan	ne:				_ Name: _			
Training and DMV Form Complete ☐ *				·	Tı	Training and DMV Form Complete ☐ *		
and Plea	submit a DMV ase visit the LR	Record Releas CCD website <u>h</u>	se form to Distr ere for more in	ict Office. It m formation and	ay take up to t I instructions o	re required to complete an online of en (10) business days to process of n driver clearance.	river clearance.	
_	Requested Vehicle: Large Van (7 passengers) Car (4 passengers) Mini Van (5 passengers) Depending on the number of passengers, we can assign multiple vans to accommodate more than 7 passengers.							
=	Depart Date	Depart Time	Return Date	Return Time	# Of Pass.	Destination	Mileage One Way **	
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acti	A written rec the Vice Pre (i.e., why the reasonable a may be acco	of the assigned with assigned quest for an existent of Admerias assigned drias surances as a signed by the sivers will be listent of the signed assurances as a signed by the signed assurances as a signed assurances as a signed by the signed assurances as a signed as a s	ed driver is to ed driver to par exemption from inistration or vers should be nd protocols to having two or mited to no mut a change o	drive and be articipate in the instruct his/her designed allowed to be ensure that more assigned than four fassigned d	e responsible the event or a stor must be some. The recording and part assigned dined drivers part hours of driver or a fifte	ned drivers will not participate in for the vehicle. Procedures and ctivity are as follows: ubmitted to the Vehicle Manage quest must detail the justificatio rticipate in the event or field triprivers remain fresh and alert duer vehicle. ving each day, and no more that en (15) minute break. Driving be Vice President of Administration	er and approved by n for the exemption o), and provide ring the trip. This an two hours of etween 12:00	
	ase allow at I r the 200 mil		ness days fo	or processin	ng requests a	and at least (10) business day	rs for requests	
Employee Signature:						Date:		
Dean/Manager Approval:						Date:		