



Department Authorization Form

Speed Type # _____
(One Speed Type per form)

Departmental Name: _____

Authorized Person	Driver's License State/DL #	DL Expiration Date	Drive/Make Requests

NOTE: Individuals must be 18 years of age or older, with a valid driver's license when operating/driving a University or state owned vehicle.

I, as the Department Head or authorized person for the account listed above, acknowledge departmental responsibility for the vehicle, including any new body damage during the time the vehicle is checked out to this department. I further state that I have made the Transportation Services Procedures available to the authorized persons listed above.

Fees – In addition to mileage rates, the following fees apply to all vehicles:

- 1. \$15.00 minimum charge per day.
- 2. \$40.00 (if applicable) late fee for failure to return vehicle on time.

Departmental Approving Authority

Date _____