

CITY OF PHOENIX AUTHORIZATION TO USE PRIVATELY-OWNED MOTOR VEHICLE ON CITY BUSINESS

Please refer to AR 2.94, Privately-Owned Motor Vehicle Authorization and Mileage Reimbursement Policy, for information about use of privately-owned motor vehicles on City business and for information regarding mileage reimbursement. Please contact the Human Resources Department at 602-262-6608, or your department's HR liaison, if you have questions regarding this form.

| EMPLOYEE INFORMATION | |
|------------------------------------|----------|
| Employee Name: | Empl ID: |
| Job Title: |] |
| Department: |] |
| Driver's License #: DL Exp Date: | |
| VEHICLE AND INSURANCE INFORMATION | |
| Vehicle Type: Vehicle Make: | |
| Vehicle Model: Vehicle Year: | |
| Vehicle License # | |
| Name of Vehicle Insurance Company: | |
| Insurance Policy Number | |

I certify the information given above is true and agree the City, through its designated representatives, has the right to check the odometer reading of my privately-owned motor vehicle at any time. I understand that if my Arizona License is suspended or revoked, or my privately-owned motor vehicle insurance coverage should lapse, I am no longer authorized to use this privately-owned motor vehicle on City business.

| | Employee Signature | Date | |
|---------------------------------|--------------------|------------------------------------|------|
| Section/Division Head Signature | e Date | Department/Function Head Signature | Date |