

**UNIVERSITY OF CALIFORNIA, RIVERSIDE**  
**FLEET SERVICES**  
 3401 WATKINS DRIVE, RIVERSIDE, CA 92521 PHONE: 951-827-2277

**AUTHORIZATION TO OPERATE STATE OWNED VEHICLE OUT-OF-STATE**

In compliance with the campus policy, completion of this form provides authorization for state owned vehicles to be operated out of the state. One completed copy of this form is to be carried in the vehicle glove compartment while traveling in another state. A second completed copy is retained by FLEET SERVICES. Prepare this form in duplicate and upon acquiring the Department Chairman's signature, forward both copies to the Fleet Manager.

\* When traveling in Mexico, supplemental insurance must be purchased at the border. If you do not purchase the insurance coverage and you have an accident in Mexico, you will be arrested.

TYPE OF VEHICLE:				
VEHICLE #: 05-		VEHICLE LICENSE # :		
POOL RENTAL:		TERM LEASE RENTAL:		
CAMPUS DEPARTMENT:		DRIVERSNAME:		
DESTINATION:				
PURPOSE OF TRIP:				
LIST ALL PASSENGERS:		FACULTY	STAFF	STUDENT
		FACULTY	STAFF	STUDENT
		FACULTY	STAFF	STUDENT
		FACULTY	STAFF	STUDENT
<b>SCHEDULE</b>		<b>SCHEDULE</b>		
<b>DEPARTURE</b> (MONTH / DATE / YEAR)		<b>RETURN</b> (MONTH / DATE / YEAR)		
<b>SIGNATURE OF VEHICLE DRIVER MUST BE NOTARIZED IF TRAVELING OUTSIDE THE COUNTRY.</b>				
TRAVLER DRIVER <input checked="" type="checkbox"/>		Date		

**OTHER APPROVALS REQUIRED:**

\_\_\_\_\_  
 Department Chair Date

\_\_\_\_\_  
 Fleet Service Manager Date

**NOTARY ACKNOWLEDGEMENT**

STATE OF CALIFORNIA  
 COUNTY OF RIVERSIDE  
 ON \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally  
 appeared \_\_\_\_\_, personally know to me –OR–  
 proven to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to  
 me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or  
 the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

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