



Facilities Management Unit

Ministry of Transportation, Works and Utilities

GOVERNMENT VEHICLE REQUEST FORM

This form must be completed and submitted along with **Government Vehicle Policy** for first time requests and for each new request.

GENERAL INFORMATION (All fields MUST be completed)

MINISTRY/DEPARTMENT: _____

DRIVER NAME: _____ CONTACT NUMBER _____

SUPERVISOR NAME: _____ CONTACT NUMBER _____

PURPOSE OF USAGE: _____

Type of Vehicle being Requested: 2-Door Pick up _____ 4-Door Pickup _____ 4-Door Car _____
(Based on Availability)

No of Days Vehicle is Requested: _____ From: (D/M/Y) _____ To: D/M/Y) _____

I HAVE READ AND SIGNED THE "GOVERNMENT VEHICLE POLICY" AND WILL ABIDE ACCORDINGLY.

DRIVER SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

SECURITY STAFF ONLY

Policy Signed **YES | NO** Date _____

Driver's License Valid **YES | NO** Class _____ Expiration Date _____

Checked by: _____ Date: _____

Security Supervisor's Approval _____

(Print Name)

Signature

Security Copy _____ Department Copy _____ File Copy _____