



Department of Facilities Management

Ministry of Communications and Works

GOVERNMENT VEHICLE REQUEST FORM

This form must be completed and submitted along with the **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 _____