

**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 #: <b>05-</b>	VEHICLE LICENSE #:
POOL RENTAL:	TERM LEASE RENTAL:
CAMPUS DEPARTMENT	DRIVERS NAME:
DESTINATION	
PURPOSE OF TRIP	
PASSENGERS: List all	<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> STUDENT
	<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> STUDENT
	<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> STUDENT
<b>SCHEDULE DEPARTURE</b> (MONTH / DATE / YEAR)	<b>SCHEDULE RETURN</b> (MONTH / DATE / YEAR)
<b><i>SIGNATURE OF VEHICLE DRIVER MUST BE NOTARIZED IF TRAVELING OUTSIDE THE COUNTRY.</i></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

\_\_\_\_\_, who proved 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)