

# Official Vehicle Use Authorization Request Form

The **official vehicle use authorization request form** is designed to streamline the approval process for accessing company vehicles. This form ensures all requests are properly documented and comply with organizational policies. Using this form helps maintain accountability and efficient vehicle management.

## Requestor Information

|                |                      |
|----------------|----------------------|
| Full Name      | <input type="text"/> |
| Department     | <input type="text"/> |
| Employee ID    | <input type="text"/> |
| Contact Number | <input type="text"/> |
| Email Address  | <input type="text"/> |

## Vehicle Request Details

|                     |   |      |                      |
|---------------------|---|------|----------------------|
| Vehicle Requested   | <input type="text"/> e.g., Vehicle #12 / Toyota Camry |      |                      |
| Purpose of Use      | <input type="text"/>                                  |      |                      |
| Date of Use         | <input type="text"/>                                  | From | <input type="text"/> |
| Destination(s)      | <input type="text"/>                                  |      |                      |
| Passengers (if any) | <input type="text"/>                                  |      |                      |

## Driver Information

|                                |   |
|--------------------------------|---|
| Will you be driving?           | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| If No, Name of Assigned Driver | <input type="text"/>  |
| Driver's License No.           | <input type="text"/>  |
| License Expiry Date            | <input type="text"/>  |

## Requestor's Declaration

I certify that all information provided above is accurate and the use of the company vehicle will be in accordance with organizational policies and applicable laws.

.....  
Requestor's Signature Date:

## Supervisor Authorization

Approval:  Approved  Denied

|                 |                      |
|-----------------|----------------------|
| Supervisor Name | <input type="text"/> |
| Signature       | .....                |

|             |  |
|-------------|--|
| <b>Date</b> |  |
|-------------|--|

*Submit this form to the fleet manager prior to vehicle use. Keep a copy for your records.*