Authorization to Use Privately-Owned Vehicles on Auxiliary Business

Approval is requested to use a privately owned vehicle to conduct official Auxiliary Organization business.

I hereby certify that, whenever I drive a privately owned vehicle on Auxiliary business;

- I will have a valid driver's license
- I will maintain auto liability insurance with the minimum limits prescribed by State Law ($15,000 for personal injury to, or death of one person; $30,000 for injury to, or death of, two or more persons in one accident; $5,000 property damage.)
- I will have evidence of auto liability insurance in the privately owned vehicle at all times
- The privately owned vehicle will be adequate for the work to be performed
- The privately owned vehicle will be equipped with safety belts in operating condition
- The privately owned vehicle, to the best of my knowledge, will be in a safe mechanical condition as required by law
- I understand that the mileage rate I receive is full reimbursement for the cost of operating the privately owned vehicle, including fuel, maintenance, repairs and both auto liability and physical damage insurance
- All accidents will be reported within 48 hours
- Should I get into an accident, I understand that the insurance policy covering the privately owned vehicle will respond to the accident - the Auxiliary will NOT provide primary insurance coverage
- I understand that permission to drive a privately owned vehicle on Auxiliary business is a privilege which may be suspended or revoked at any time.

<table>
<thead>
<tr>
<th>DRIVER’S LICENSE NUMBER</th>
<th>STATE</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE’S SIGNATURE</td>
<td>PRINT NAME</td>
<td>DATE SIGNED</td>
</tr>
</tbody>
</table>

II. APPROVAL

Use of a privately owned vehicle Auxiliary Organization business approved.

<table>
<thead>
<tr>
<th>APPROVING AUTHORITY SIGNATURE</th>
<th>TITLE</th>
<th>DATE APPROVED</th>
</tr>
</thead>
</table>

III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

<table>
<thead>
<tr>
<th>EMPLOYEE’S SIGNATURE</th>
<th>APPROVING AUTHORITY SIGNATURE</th>
<th>DATE APPROVED</th>
</tr>
</thead>
</table>

I have reviewed the above certification and approval and certify that the information provided is correct and valid.