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.

<table>
<thead>
<tr>
<th>TYPE OF VEHICLE</th>
<th>VEHICLE #: 05-</th>
</tr>
</thead>
<tbody>
<tr>
<td>POOL RENTAL:</td>
<td></td>
</tr>
<tr>
<td>CAMPUS DEPARTMENT:</td>
<td>DRIVERS</td>
</tr>
<tr>
<td>DESTINATION:</td>
<td></td>
</tr>
<tr>
<td>PURPOSE OF TRIP</td>
<td></td>
</tr>
<tr>
<td>PASSENGERS:</td>
<td></td>
</tr>
<tr>
<td>SCHEDULE DEPARTURE: (MONTH / DATE / YEAR)</td>
<td>SCHEDULE RETURN: (MONTH / DATE / YEAR)</td>
</tr>
</tbody>
</table>

SIGNATURE OF VEHICLE DRIVER MUST BE NOTARIZED IF TRAVELING OUTSIDE THE COUNTRY.

TRAVELER: 
DRIVER: X Date

OTHER APPROvals REQUIRED:

Department Chair 
Date

Fleet Service Manager 
Date

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

NOTARY ACKNOWLEDGEMENT

On __________________ before me, __________________, Notary Public, personally appeared

who, 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)