STATE OF CALIFORNIA

AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS

STD. 261 (Rev. 10/2019)

This approval must be renewed annually.

Supervisor: Retain Original Copy

I. CERTIFICATION

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

- 1. Covered by liability insurance for the minimum amount 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). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
- 2. Adequate for the work to be performed.
- 3. Equipped with safety belts in operating condition.
- 4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

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| DRIVER'S LICENSE NUMBER | STATE | EXPIRATION DATE |
| EMPLOYEE'S SIGNATURE | PRINT NAME | DATE SIGNED |
| | II. APPROVAL | |
| Use | e of a privately owned vehicle on State business is a | pproved. |
| APPROVING AUTHORITY SIGNATURE | TITLE | DATE APPROVED |
| | III. RENEWAL | |
| I have reviewed the above | certification and approval and certify that the inform | ation provided is correct and valid. |
| EMPLOYEE'S SIGNATURE | APPROVING AUTHORITY SIGNATURE | DATE APPROVED |
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