

UCD POLICY & PROCEDURE MANUAL  
 Section 300-30 University Owned Vehicles  
 EXHIBIT A

**APPLICATION TO OBTAIN UNIVERSITY VEHICLE ON ASSIGNMENT**

**Instructions:** Vehicle assignments are for a 2-month minimum. Please allow 2 weeks after submission of form for vehicle availability. This form may be completed on the web at: [www.fleet.ucdavis.edu](http://www.fleet.ucdavis.edu). Mail completed form to Fleet Services, Attn: David Franklin or fax to 754-9400. For questions call David Franklin at 752-8229.

Department: _____	Campus: _____
Requester's name: _____	Phone#: _____
Business contact: _____	Phone#: _____
Principle driver: _____	Phone#: _____

Accounting Information:	Dafis FAU#: _____
4-Digit ID#: ____ ____ ____ ____ or	Acct String: _____

Type of vehicle requested: _____	Date needed: _____
Length of time needed: _____	or indefinite _____
Justification: (instruction, research, service function, etc) _____	
Indicate area of travel: _____	
Type of use:	Field: _____ Local: _____ Highway: _____ Other: _____
Estimate average miles to be traveled (choose one):	Daily _____ Monthly _____ Annually _____
For pickup or truck:	Type of load: _____ Estimated weight of load: _____ Size and weight of trailer pulled: _____
If this vehicle will be replacing a vehicle currently assigned to your department, what is the current vehicle number? _____	

Print Name of Department Head: _____	
Signature of Department Head and Date: _____	/

<b>FLEET SERVICES USE ONLY:</b>			
Department contacted: _____		Quoted rate: _____	
Available: _____		Waiting List: _____	
Vehicle no. assigned _____		Date: _____	
Parking Services review _____		Date: _____	