

# State of Alaska

## Department of Corrections

### Authorization for use of privately owned vehicle

FY

Permission is granted to the following employee to utilize his/her privately owned vehicle on official state business under terms and conditions set forth in Department Policy 104.05 (Use of Vehicle).

**NAME**  **Position/Title**

**Alaska Drivers License Number**  **Duty Station**

**Insurance Provider**  **Inclusive Dates of Policy**

**NOTE:** Insurance coverage for private vehicles must meet or exceed state minimum insurance standards (AS 21.89:020)

**Purpose of Request:**

**Authorized Dates: from**  **to**

**BY SIGNING THIS FORM** you indicate that you agree to carry insurance which will meet or exceed state minimum insurance standards at all times you operate this vehicle regardless of the authorization dates entered above.

**Employee**  **Date**

**Supervisor**  **Date**

**Approved**

**Authorization Expires:**  **Commissioner or designee**  **Date**