

Domicile Vehicle Request Form

This form must be filled out in accordance with A&F Bulletin 10 (Revised 01/2026)

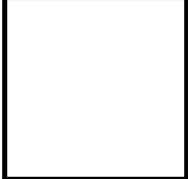
Driver Responsible for Vehicle (First and Last Name)				
Is this a new or existing domicile driver?			What are the drivers regular shift hours? (Start Time-End Time)	-
Agency:			Title:	
Unit Code			Phone:	
Email:			Year of Domicile Request:	
Today's Date?			Are you a Collective Bargaining Unit member?	Unit Name:
Where is the domicile driver's primary residence (address, city, state, zip code)				Unit Number:
Telematics Acknowledgment and Acceptance <input type="checkbox"/>	Each applicant understands the Office of Vehicle Management (OVM) is utilizing a technological platform that monitors vehicle performance and provides location services that will be used to calculate commuting trips and mileage.			

What vehicle did this driver utilize for domicile in the previous calendar year?		Plate:	
		VIN:	
What time-frame did the driver utilize this vehicle for domicile?		Start Date (Month/Year)	
		End Date (Month/Year)	
The vehicle will be parked at the following location primarily during off-duty periods (address, city, state, zip code). If multiple, please use semicolons to separate			
The vehicle will be parked at the following location primarily during on-duty periods (address, city, state, zip code).			

Plate Number	Year	Make	Model
Odometer mileage reading		Odometer mileage date	
Estimated Annual Business Miles		Estimated Annual Commuting Miles	
The vehicle has the following special equipment that is part of or kept in the state vehicle (select all that apply)			
<input type="checkbox"/> Cages	<input type="checkbox"/> Emergency Lights	Emergency Light Color	
<input type="checkbox"/> Laptop	<input type="checkbox"/> Public Safety Radio-Handheld		
<input type="checkbox"/> Sirens	<input type="checkbox"/> Public Safety Radio-In Vehicle	Other Special Equipment	

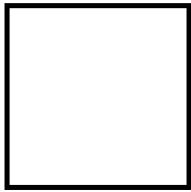
The Office of Vehicle Management (OVM), in partnership with the Department of Energy Resources, is launching a pilot program in 2025 to encourage domicile applicants to adopt Zero Emissions Vehicles in support of E.O. 594.	<input type="checkbox"/>
Are you interested in learning more about a pilot program that could provide you with an electric vehicle, cover up to 100% of the cost to install home charging infrastructure, and set you up with ReimburseEV software for managing your charging costs?	

Please Review Section A and Section B and Fill out the section appropriate for your domicile request:

A. Emergency Responder Requiring Special Vehicle or Special Equipment 	<p>To qualify for this reason, you must meet all the criteria below:</p> <p>Serves as a first line responder (employee is among those responsible for providing immediate assistance) to emergencies (an unexpected situation that calls for immediate response or action of which the employee does not have advance notice)</p> <p>Is required to be available 24 hours/7 days on a week basis during designated times</p> <p>Requires use of a special purpose vehicle or special equipment that is part of or kept in a state vehicle that may not be suitable for storage in the employee's residence or transported in a personal vehicle</p> <p>Responds to off-duty emergencies (emergencies occurring outside of the employee's designated on-duty times) on a regular basis without advance notice</p>
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Please provide detailed justification addressing each of the criteria specified above:

B. Employee regularly reports to various locations (excluding a designated office), and a domicile assignment increases efficiency



To qualify for this reason, you must meet **all** the criteria below:

The employee regularly reports to various locations, excluding a designated work location or locations, as a normal part of the employee's day-to-day responsibilities.

The employee's use of public transportation options or a personal vehicle (owned or leased by the employee) would be unduly burdensome on the employee in order to carry out the employee's job requirements.

The domicile assignment would greatly increase efficiency of the employee's work duties.

Please provide detailed justification addressing each of the criteria specified above:

Domicile Driver Section

By signing below I hereby certify that I have filled out the above domicile application with accurate and verifiable information. I have read and agree to abide by the *OVM Policies & Procedures Manual* and A&F Administrative Bulletin #10. I understand that Domicile Assignments can be revoked at any time by the Executive Office for Administration and Finance. Please fill out your direct manager's name and email, this form will be sent out for their approval once completed.

Manager's Name: _____

Manager's Email: _____

Driver's Name: _____

Driver's Title: _____

Driver's Signature: _____

Date: _____

Employee's Manager Section

By signing below I hereby confirm that the driver of this vehicle has been provided with a copy of the *OVM Policies & Procedures Manual* and A&F Administrative Bulletin #10.

By signing below, I hereby verify that I have reviewed the above domicile applicant under my management and, in my judgment, the provided non-notice emergencies or the justification narrative demonstrates the need for domicile assignment.

Manager's Name: _____

Manager's Title: _____

Manager's Signature: _____

Date: _____

Agency Head

Cabinet Secretary

OVM Administrator