

Domicile Vehicle Request Form

This form must be filled out in accordance with A&F Bulletin 10 (Revised 12/2016)

Driver Responsible for Vehicle (First and Last Name):			
Agency:		Title:	
Email:		Phone:	
Today's Date:		Year of Domicile Request:	

The vehicle will be parked during off-duty periods at the following location (address, city, state):	
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Vehicle Make and Model:		Year:	
Plate Number:		VIN:	

Odometer mileage reading as of today's date:

The vehicle has the following special equipment that is part of or kept in the state vehicle (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Emergency lights (if checked, list light color here:_____) | <input type="checkbox"/> Laptop |
| <input type="checkbox"/> Sirens | <input type="checkbox"/> Public safety radio-in vehicle |
| <input type="checkbox"/> Cages | <input type="checkbox"/> Public safety radio-handheld |
| <input type="checkbox"/> Other (explain:_____) | |

Select Reason A or B:

A. Emergency Responder Requiring Special Vehicle or Special Equipment	<p>In order to qualify for this reason, you must meet <u>all</u> the criteria below:</p> <p><input type="checkbox"/> serves as a first line responder (employee is among those responsible for going immediately to provide assistance) to emergencies (an unexpected situation that calls for immediate response or action of which the employee does not have advance notice)</p> <p><input type="checkbox"/> is required to be available on a 24 hours/7 days a week basis during designated times</p> <p><input type="checkbox"/> requires use of a special purpose state vehicle or special equipment that is part of or kept in the state vehicle that may not be suitable for storage in the employee's residence or transported in a personal vehicle</p> <p><input type="checkbox"/> provides examples of at least twelve off-duty emergencies without advance notice responded to in the previous calendar year</p>			
	<p>Twelve (12) examples of off duty non-notice emergencies handled in previous year (fill out all boxes below):</p> <table border="1"> <tr> <td> Date (mm/dd/yy) and Start and end time (xx:xx am/pm) of emergency </td> <td> Description of incident must be: <ul style="list-style-type: none"> off-duty emergency of which you did not have advance notice required the use of special purpose state vehicle or special equipment that is part of or kept in the state vehicle (please attach additional pages if necessary) </td> <td> Location of Incident (city or town name) </td> </tr> </table>		Date (mm/dd/yy) and Start and end time (xx:xx am/pm) of emergency	Description of incident must be: <ul style="list-style-type: none"> off-duty emergency of which you did not have advance notice required the use of special purpose state vehicle or special equipment that is part of or kept in the state vehicle (please attach additional pages if necessary)
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