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

Driver Respo	nsible 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):

Vehicle Make and Model:			Year:	
Plate Number:			VIN:	
Odometer mileage reading as of today's date:				
The vehicle has the f	ollowing special equipment that is	part of or k	ept in the state vel	hicle (check all that apply):
Emergency lights (if checked, list light color here:)	Laptop	
□ Sirens			Public safety radio-in vehicle	
Cages			Public safety radio-handheld	
Other (explain:)		

Select Reason A or B:

to in the previous calendar year	 provide assistance) to or action of which the is required to be avail requires use of a spect the state vehicle that transported in a person provides examples of 	ble for going immediately t calls for immediate respons ng designated times t that is part of or kept in
Twelve (12) examples of off duty non-notice emergencies handled in previous year (fill out all boxes below):	es of off duty non-notice emergenc	pelow):
Date (mm/dd/yy) andDescription of incident must be:Location of Incident (d or town name)Start and end time (xx:xx am/pm) of emergencyequipment that is part of or kept in the state vehicle (please attach additional pages if necessary)Location of Incident (d or town name)	 off-duty emergency off-duty emergency required the use of s equipment that is pa 	Location of Incident (cit

1.	
2.	
3.	
4.	
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10.	
11.	
12.	

Exception to 12 off duty, non-notice emergencies	In the event that the employee meets all criteria for emergency responders listed above, except the ability to provide 12 emergencies and is seeking a domicile vehicle assignment, please provide justification below explaining how having a domicile vehicle assignment protects the safety of the public. An Agency Head's approval and signature is required below (please attach additional pages if necessary).			
Justification:				
I, (print name)	, Agency Head, verify that in my judgment the above information			
demonstrates the need for a domicile assignment.				
□ Agency Head Sig	nature: Date:			

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B. Employee does not regularly report to a designated office and a domicile assignment increases efficiency	In order to qualify for this reason, you In the employee lives outside of a 22 the employee does not regularly reduced domicile assignment would greatly	mile radius of agency's office eport to a designated office as r increase efficiency of employ Agency name and	part of his or her regular duties
territory number and location:		location (city or town name):	
Non-commuting mileag	e driven in previous year:		
Please provide justifica	tion below explaining how having a d	omicile vehicle assignment	increases efficiency (please
attach additional pages	if necessary):		
Signatures:			
	eby certify that I have read and agree to 10. I understand that Domicile Assignmence.		
Driver Signature:		D	ate:
	reby confirm that the driver of this vehic &F Administrative Bulletin #10.	le has been provided with a co	opy of the OVM Policies &
Employee's Manager Signature:		D	ate:
Prior to sending the co Cabinet Secretary.	ompleted form to OVM, each agency	must have written approva	al from the Agency Head and
🗆 Agency Head Signatu	ire:	Date:	
□ Cabinet Secretary Signature:		Da	ate:
FOR OVM USE ONLY			
🗆 OVM Fleet Administr	ator		

OVM Fleet Administrator will provide signed forms to the Secretary of A&F for approval. The OVM Fleet Administrator will provide notification to secretariats and agencies of A&F determinations.

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