



Office of Vehicle Management – Overnight Travel Request Form

Driver Responsible for Vehicle (First and Last Name):			
Driver Type (Check One):	<input type="checkbox"/> Regular Employee <input type="checkbox"/> Contracted Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Seasonal Employee	Driver's License Number:	
Agency:		Org Code:	
Email:		Phone:	

Check One State/Rental:	<input type="checkbox"/> State Vehicle, if checked provide State License Plate No.:		<input type="checkbox"/> Rental Vehicle
Travel Destination:			
Dates of Travel:			

Justification for Overnight Use:

If typing in Word, this text box will expand (please attach additional documentation if necessary).

By signing below, I hereby certify that I have read and agree to abide by the OVM Policies & Procedures Manual.

Driver

Signature: _____ **Date:** _____

By signing below, I certify that use of this vehicle outside of normal business hours is required for official state business; that the driver has been provided with a copy of the OVM Policies and Procedures Manual; that the driver possesses a valid driver's license; and that the driver complies with OVM's Safe Driver Program. The Agency Fleet Manager will provide a copy of the approved Overnight Travel Authorization to the Agency Head and retain a copy for official agency records.

Agency Fleet Manager

Signature _____ Date: _____

The original Overnight Travel form must be kept on file with the Agency Fleet Manager. In addition, a copy of the approved form must be sent to the Office of Vehicle Management, and a copy must be kept in the vehicle at all times.

FOR OVM USE ONLY

OVM Fleet Director: _____ Date Received: _____

OVERNIGHT TRAVEL – Revised 1/2026

From OVM Policies & Procedures Manual:

Overnight Travel

- 1) An Employee may be permitted to drive a State Vehicle home on a given day if the employee is conducting **official state business before and/or after Normal Business Hours***.
- 2) **Short-Term Rentals:** An Employee may be permitted to drive a Vehicle rented for State business home on a given day if the employee is conducting **official state business before and/or after Normal Business Hours***.
- 3) If a State vehicle has been assigned to a Department and an employee will be using the vehicle for Overnight Travel where it will be housed away from a State facility or the employee's residence then, the operator must fill out an **OVM-10** Form and have prior approval of the Department Head. The approved form must be initialed and held by the Department Fleet Manager and a copy must be kept with the vehicle during the relevant time period. In addition, a copy shall be forwarded onto OVM for the Fleet Administrator's file.
- 4) Any Employee found using a vehicle outside of normal business hours without the proper authorization as specified in this section will automatically lose his/her privilege to drive a State vehicle for not less than three months. In addition, if the vehicle has been assigned to a Department, the vehicle will be permanently returned to OVM, and the Department will not be issued a replacement vehicle.
- 5) OVM will randomly audit vehicles to determine if employees have the proper authorization to use a vehicle after Normal Business Hours.

Instructions: Complete the form in its entirety.

Driver Responsible for Vehicle – Provide the first and last name of employee that will be responsible for the vehicle

Driver Type: Check the box which best describes the Driver identified above:

- Regular Employee
- Contractor
- Contracted Employee
- Seasonal Employee

Driver's License Number: Provide the Driver's license number of the driver responsible for the vehicle.

Agency: Provide the complete name of the Agency to which the vehicle is assigned.

Org Code: Provide the Organizational Code for the Agency.

Email: Provide the Email address of the driver of the vehicle.

Telephone: Provide phone number (including area code) of the driver of the vehicle.

Check One box for Either a State Vehicle or a Rental Vehicle

If State Vehicle is checked: provide the State Vehicle License Plate No. issued by the Registry of Motor Vehicles and assigned to the vehicle.

Travel Destination: Provide the street address city and state for the destination which the vehicle will be traveling to.

Dates of Travel: Provide the month, date, and year (m/d/y) for the dates that the vehicle will require the Overnight Travel Authorization.

Justification for Overnight Use: Provide a validation for the need to utilize a state vehicle for overnight travel.

The vehicle will be parked during off-duty periods at the Following Location (address, city, state): Provide the complete address including street and city where vehicle will be parked when not in use.

Check one: check one Garage, Driveway or Street for item which best describes the location where the vehicle will be parked during off duty periods.

Provide Signatures and dates as listed for:

Driver: Identified as Driver Responsible for Vehicle above. Must check off box indicating he/she has read and agrees to abide by the OVM Policies and Procedures Manual.

Agency Fleet Manager: Must check off box to certify that the driver of the vehicle has been provided with a copy of the OVM Policies and Procedures Manual, possess a valid driver's license and that the individual complies with OVM's Safe Driver Program and that the Agency Fleet Manager will provide a copy of the approved Overnight Travel Authorization to the Agency Head and retain a copy for official agency records.

Check the box to affirm that the Agency will file the proper documentation in accordance per the OVM Policies and Procedures, original signed OVM-10 at the agency, copies sent to OVM and kept with the vehicle during the dates of travel.

Return completed form to the Office of Vehicle Management via email to Vincent.Micozzi@mass.gov. OVM will accept the signed form in Word or via Adobe pdf format.

***Normal Business Hours are defined as** Monday through Friday from 7:00 a.m. to 5:00 p.m. EST, excluding Commonwealth holidays.