

AFC UNIT \_\_\_\_\_

A130.400

### VEHICLE ASSIGNMENT FORM

DATE \_\_\_\_\_

EMPLOYEE NAME	VEHICLE ASSIGNED Make-Model-Lic#-S/N	WORK CENTER	USED FOR COMMUTING (YES-NO-EXEMPT)	COMMUTING DISTANCE ONE WAY TO NEAREST MILE

I certify that all information as shown above is accurate and that no Agency vehicles under my responsibility are used for personal reasons other than shown above.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date