New Mexico State University
Transportation & Parking Services
Vehicle Assignment Authorization

To be completed for each NMSU owned vehicle in compliance with NMSU Policy Manual 9.33 Vehicle Assignment Policy. Return Completed Form to Transportation and Parking Services at MSC 3 PAR.

SECTION 1: REQUESTOR INFORMATION

VEHICLE ASSIGNMENT DETAILS

Employee Name: _____   E-mail Address: _____   Phone: _____

Employee Title: _____   Department: _____   Aggie ID: _____

Work Address: _____   Home Address: _____

This vehicle will be utilized for commuting to the employee's work site from home and back.   ☐ Yes   ☐ No

SECTION 2: REQUEST DETAILS

VEHICLE INFORMATION

Vehicle License: _____   Vehicle Make/Model: _____   Vehicle Year: _____

NMSU Tag: _____   Odometer: _____

VEHICLE ASSIGNMENT CATEGORY

Entity Vehicle Assignment

☐ A university vehicle not assigned to an employee.

If the vehicle is assigned to an employee, the information requested in section 1 is required. NOTE: if a vehicle is assigned to an employee, it must meet the criteria for one of the three categories below.

Daily Vehicle Assignment
Must meet one of the criteria below. Select as applicable.

☐ Drive more than 6,000 business miles per year.

☐ Position duties require daily travel to multiple destinations more than 10 miles from the employee's primary place of business.

☐ Position duties require routine transport of at least two (2) or more employees.

☐ Position duties require routine transport of specific equipment, materials and tools necessary for the completion of assigned tasks.

Limited Vehicle Assignment
Must meet ALL of the criteria below.

☐ Meets criteria for "Daily Vehicle Assignment" above.

☐ Position duties routinely require travel directly to a remote site from his/her home at least two (2) times per week.

Police/Fire Mission Critical Vehicle Assignment
Must meet criteria below.

☐ Assigned employee is required to respond to emergencies at the time the vehicle is in use.

SECTION 3: OFFICIAL APPROVAL (Required of all requests)

College Dean/Vice President (Print Name): _____   Signature: _____   Date: _____

SECTION 4: INTERNAL DEPARTMENT USE ONLY

Date Received: _____   Reviewed by: _____   Date Reviewed: _____

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