EMPLOYER VEHICLE USE AUTHORIZATION

☐ Reentry Center  ☐ Community Parenting Alternative (CPA)  ☐ Graduated Reentry

You may request to use an employer-owned vehicle(s) for legitimate employment purposes. Vehicle use must be approved by the Reentry Program Administrator/Community Corrections Supervisor (CCS). Before authorization, you must provide proof of a valid driver’s license, registration, and insurance.

Name: ___________________________________  DOC number: __________________

I agree to the following conditions and expectations when operating a motor vehicle. I recognize that driving is a privilege and not a right.

1. I will only drive employer-owned vehicles for legitimate employment purposes.

2. Vehicles will be operated in a responsible, safe manner and comply with all traffic laws and regulations.

3. I must immediately notify the case manager when a traffic violation/vehicle accident occurs.

4. For Graduated Reentry/CPA, vehicle authorization will be reviewed on the first of each month for appropriate use and continued approval.

Incarcerated individual signature ___________________  Date ___________________

Vehicle Description:

Year: _______  Make: _____________________________  Model: _______________________

Color: _______  State/country: _____________________  License plate: _______________

Vehicle Description:

Year: _______  Make: _____________________________  Model: _______________________

Color: _______  State/country: _____________________  License plate: _______________

AUTHORIZED

Case manager  ___________________  Signature  ___________________  Date

Reentry Program Administrator/CCS  ___________________  Signature  ___________________  Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: ORIGINAL - Case manager  COPY - Incarcerated individual