PERSONAL VEHICLE USE AUTHORIZATION

☐ Community Parenting Alternative  ☐ Rapid Reentry

You may request to use a personal vehicle when it is essential for completion of your reentry plan. Vehicle use must be approved by the Program/Regional Administrator. Before authorization, you must provide your case manager/Corrections Specialist proof of a valid Washington State driver license, valid vehicle registration, and vehicle 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 must not have a crime of conviction for a motor vehicle related offense.
2. Myself or immediate family member must be the registered owner.
3. I will receive written permission in advance to use an immediate family member’s vehicle not registered in my name.
4. I will be legally and financially responsible for all costs incurred for operation and maintenance of the vehicle, as well as, traffic/parking fines and/or damage to property of the vehicle or others.
5. Vehicle authorization will be reviewed on the first of each month for appropriate use and continued approval.
6. I may request to use a personally owned vehicle for the purpose of obtaining a Washington State driver license. Use of the vehicle must be approved by the Program/Regional Administrator.

Signature ___________________________ Date ___________________________

Vehicle Use Conditions

1. Vehicles will only be used for the purpose of employment, school, grocery shopping, and scheduled appointments (i.e., medical/mental health, treatment, programming, Department). All use must be preapproved by your assigned case manager/Corrections Specialist.
2. Vehicles will be operated in a responsible safe manner and comply with all Washington State traffic laws and regulations, to include using appropriate child vehicle restraints.
3. Vehicles are subject to search.
4. Only immediate family on the approved visiting list may be allowed to ride in the same vehicle operated by you. No exceptions.
5. Only children with direct/approved custody are allowed to be with you in the vehicle. No other children will be allowed without prior authorization.

Vehicle Description

Year: _______  Make: ___________________________  Model: ___________________________
Color: _______  State/country: ___________________________  License plate: ___________________________

AUTHORIZATION

Case manager/Corrections Specialist ___________________________ Signature ___________________________ Date ___________________________
Program or Regional Administrator/designee ___________________________ 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 file  COPY - Participant

DOC 02-371 (Rev. 04/17/20)  Page 1 of 1  DOC 390.585