

ICON &gt; Templates &gt; Report Template Generate &gt; RF or FED - Auth to Operate Motor Vehicle.docx

AUTHORIZATION TO OPERATE A MOTOR VEHICLE		
Name:	REG NO.:	
FACILITY:	PURPOSE: Work Treatment Personal	
LICENSE INFORMATION		
Driver's License #:	State:	
License Address:	<input type="checkbox"/> Expiration Date:	
VEHICLE INFORMATION		
Year:	Make:	Model:
Color:	License Plate #:	
Registration #:	<input type="checkbox"/> Expiration Date:	
OWNER INFORMATION		
Owner:	Phone #:	
Address:		
INSURANCE INFORMATION		
Name of Insurance Provider:		
<input type="checkbox"/> Date Insurance Expires:		
<input type="checkbox"/> = Resident is responsible for providing continuing current information.		
FACILITY STAFF REVIEW		
<input checked="" type="checkbox"/> Copies of required documents on file (i.e., insurance and owner approval) <input checked="" type="checkbox"/> Criminal history checked for driving violations <input checked="" type="checkbox"/> Resident understands rules & the right of Hinzman Center/Hope House/Nelson Center staff & BOP personnel to search the vehicle at any time <input checked="" type="checkbox"/> Need for driving privileges (i.e.: distance involved, incompatible bus schedule) <input checked="" type="checkbox"/> The resident's financial ability to afford vehicle maintenance <input checked="" type="checkbox"/> Vehicle condition <input checked="" type="checkbox"/> Resident is current on financial obligations		
VEHICLE RULES		
1) Driving is a privilege and the privilege may be pulled for any disciplinary or behavioral reason. 2) Let staff know immediately if there is any contact with law enforcement while operating the vehicle. Ex. Warnings, tickets, etc. 3) You may not transport anyone else. 4) You need to provide keys upon request to any staff member, as your vehicle may be searched for any reason. 5) The contraband list applies to the vehicle, except: a) work tools specific to current job b) car charger for approved cell phone 6) Any other exception must be preapproved by RPPO		
Resident Signature:	Date:	
Case Manager or Other Signature:	Date:	
RESIDENTIAL MANAGER APPROVAL/DENIAL		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Comments:		
Residential Manager Approval:	Date:	

Fax copy to CCM after approval (if federal resident)