Authorization to Use Privately Owned Vehicles (POV) on Fire Department Business

This form should be reviewed every 1 year. If no change, add review date to the box; if changes required, use a new form.

Firefighter Name _____ Badge ID _____

Reviewed Dates			

Driving

Driver's License # _____ State _____ Expiration _____ Class (A,B,C) _____

Auto Insurance Company _____ Expiration _____

Vehicles

Make	Model	Year	License Plate

In accordance with Fire Department policy, approval is requested to use privately owned vehicles to conduct official department business.

I hereby certify that whenever I drive a privately-owned vehicle on Fire Department Business, I will have a valid driver's license in my possession and all persons in the vehicle will always be:

a. Covered by liability insurance for the min. amount prescribed by law. (Notify immediately Chief 60 if cancelled or terminated.)
b. Equipped with safety/seat belts in operating condition.
c. To the best of my knowledge, in safe mechanical condition.
d. That all accidents will be reported immediately to the department.

Also, I will not operate a privately-owned vehicle on FD business while under the influence of Drugs or Alcohol.

Member Signature _____ Date _____