



# VEHICLE REQUEST FORM FACILITIES MANAGEMENT

For Questions Please Call 701.671.2379 or email [nds.cs.fm@nds.cs.edu](mailto:nds.cs.fm@nds.cs.edu)

Vehicle requests must be made in accordance with various State laws and policies, including NDCC 39-01-03, SBHE Policy 512, State Fleet Policy Manual, SBHE Policy 1910.2 Use of State Vehicles, and NDCC ch. 32-12.2. State fleet vehicle use must be for authorized purposes and official business of North Dakota State College Of Science or official state business.

## Instructions

1. Complete form and click submit, or send to [nds.cs.fm@nds.cs.edu](mailto:nds.cs.fm@nds.cs.edu). All fields are required.
2. Drivers must possess a valid driver's license and present their license when picking up the vehicle.
3. Authorized signature is **required** for depletion of funds and request validation.
4. If vehicle use involves STUDENT PASSENGERS or STUDENT DRIVERS an Authorized Student Use form must be submitted prior to the vehicle being released.
5. Large van training is required for 15-passenger van use; please call 701-671-2379 for more information.
6. State Fleet policy manual located in glove compartment and online at <https://www.dot.nd.gov/manuals/fleet/fsmanual.pdf>
7. Risk Management coverage information regarding State Fleet vehicle use is online at <https://www.nd.gov/omb/agency/risk-management-services/vehicle-liability>

## Driver Information

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License Expiration Date: \_\_\_\_\_

List all Passengers: \_\_\_\_\_

If vehicle use involves students, fill out Authorized Student Use form [here](#).

## Trip Information

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Trip (Be Specific): \_\_\_\_\_

## Vehicle Information

Sedan	Hydraulic Lift Pickup
Minivan	Enclosed Trailer
Pickup	Flatbed Trailer
15-Passenger Van	

## Funding and Authorization

Funding Number: \_\_\_\_\_ Dept. Number: \_\_\_\_\_ Project Number: \_\_\_\_\_

Department Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_