State of Arizona Privately Owned Vehicle (POV) Authorization

First Name	Last Name	EIN
Agency	Division/Prgm	Mail Code
Work Address		City
Email	Phone	AZ Driver's License

POV Usage Date(s) From	To		
Was an agency fleet vehicle available for this trip?		Yes	No
Was a local office shared vehicle or agency motor pool vehicle available for this trip?		Yes	No
Was a Fleet Provided Vehicle (FPV) available for this trip?		Yes	No
Number of miles to nearest available SOV or FPV:			miles

Provide the business reason for using a POV:

If a Fleet Provided Vehicle (FPV) was available and not used, explain why:

I understand that Privately Owned Vehicles (POVs) should only be used when State Owned Vehicles (SOVs) and Fleet Provided Vehicles (FPVs) are not available. I attest that no SOV or FPV was available for my trip(s) or there was a valid reason for using a POV. I further understand that if I am involved in an accident, my insurance will provide primary coverage for damages and liability, and any damage sustained to my vehicle is my responsibility and will not be covered by the State. I will cover any and all deductibles required by my insurance.

Signature: Date:

I authorize the individual above to use their POV for official state business. I further attest that no State Owned Vehicle or Fleet Provided Vehicle was available or the use of the individual's POV conforms with policy, as defined in SAAM 5015.

Supervisor/Manager's Name: EIN:

Supervisor/Manager's Signature: Date:

GAO-520 (02/20)