

**STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
APPLICATION FOR PERSONAL USE OF STATE-OWNED VEHICLE**

MOTOR VEHICLE PERMIT NO. _____

NOTE: Hawaii Revised Statutes (HRS) §105-1 Government motor vehicles, certain uses prohibited. Except as provided in section 105-2, it shall be unlawful for any person to use, operate, or drive any motor vehicle owned or controlled by the State, or by any county thereof, for personal pleasure or personal use (as distinguished from official or governmental service or use) including, without limitation to the generality of the foregoing, travel by or conveyance of any officer or employee of the State, or of any county thereof, directly or indirectly, from his place of service or from his work to or near his place of abode, or, directly or indirectly, from such place of abode to his place of service or to his work.

HRS §105-2 Exceptions. Section 105-1 shall not apply to: (4) Any officer or employee of the State who, upon written recommendation of the comptroller, is given written permission by the governor to use, operate, or drive for personal use (but not for pleasure) any motor vehicle owned or controlled by the State.

NOTE: Personal use of government vehicles should be restricted to direct travel between an employee's home and their place of work, and to such travel as would be incidental to driving to and from work.

DEPARTMENT MUST ATTACH DEPARTMENTAL/DIVISION POLICY ON "PERSONAL USE OF A GOVERNMENT MOTOR VEHICLE" FOR COMPTROLLER'S REVIEW

PART I A. ORGANIZATION

Department / Division	Branch / Section	Island
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B. APPLICANT

Name	Position / Title	Bargaining Unit
Home Address: _____		

C. VEHICLE

Make	Model	License No.
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D. APPLICATION (check one)

Renewal of Permit from _____ to _____

New from _____ to _____

PART II WORK SCHEDULE AND TRAVEL MILES

To determine the effects of vehicle assignment on time and distance traveled, the following information regarding your normal work schedule and average monthly miles traveled is required.

	Start	Finish
A. HOURS OF YOUR NORMAL WORK SCHEDULE		
B. AVERAGE MONTHLY MILES TRAVELED	Avg. Monthly	Percent of
No. Miles Traveled During Normal Work hours		
No. Miles Traveled (Home-Work-Home)		
No. Miles Traveled for Work Purposes After Normal Work Hours		
No. Miles Traveled for Other Purposes		
TOTAL		
Percentage of Time Vehicle Used by Others		

Past Year, Actual Miles Estimated Miles

PART III AFTER HOURS USAGE OF STATE MOTOR VEHICLES

After hours usage of motor vehicles are divided into two categories: 1) when the nature of the employee's job requires the use of a government vehicle after normal working hours on a regular basis, and 2) when the employee must be on-call to respond to emergencies. Please answer the following questions if they apply to you, if not proceed to Part IV.

A. FOR JOBS REQUIRING THE USE OF GOVERNMENT VEHICLES AFTER NORMAL WORKING HOURS ON A REGULAR BASIS:

- 1. What is the nature of this job?
- 2. Why does it necessitate the use of a government vehicle (i.e., are there any special requirements such as a 4-wheel drive vehicle, equipment/tools, or the authority of the state seal, etc.)?

3. Please check one of the items below to indicate the frequency of your weekly after hour travel.

5 days or more

3 - 4 days

1 - 2 days

B. FOR JOBS REQUIRING ON-CALL STATUS FOR EMERGENCY RESPONSE:

- 1. What is the nature of this status?

- 2. Why does it necessitate the use of a government vehicle (i.e., are there any special requirements such as a 4-wheel drive vehicle, equipment/tools, or the authority of the state seal, etc.)?

- 3. How many emergencies did you respond to during the last fiscal year (07/01/____ to 06/30____)?
List the approximate date, location of the emergency(s) and the approximate miles traveled.

- 4. Is there a problem with accessibility to a state vehicle (e.g., access to the parking area after normal working hours or the time factor involved in retrieving the vehicle from the state parking area)? If yes, please explain the problem.

PART IV DISTANCE, TIME AND LOCATION BETWEEN HOME AND WORK SITE

There may be a direct benefit in assigning a state vehicle in instances where the employee's residence is significantly closer to the employee's work site as compared to the central garage where state vehicles are parked. The assignment of a state vehicle will allow the employee to proceed directly to the assigned work site saving time, wear and tear on the vehicles.

Answer the following questions if they apply to you, by indicating the distance (to the nearest mile), and the time it takes to travel (to the nearest 1/2 hour) between your residence, state parking site, and work site. If there are multiple assigned work sites which vary during the year, take an average of the time and distance traveled. If this section does not apply to you proceed to Part V.

1. Closest refueling station (gasoline, diesel, electric)

Address: _____

2. Fill in the following information for the route traveled from home to office.

Time Start: _____ Time End: _____ Miles: _____

Home Location: _____

Office Location: _____

3. Fill in the following information for the route traveled from office to work site:

Time Start: _____ Time End: _____ Miles: _____

Work Site Location: _____

4. Fill in the following information for the route traveled from home direct to work site:

Time Start: _____ Time End: _____ Miles: _____

PART V VANDALISM AND / OR THEFT

To ensure the protection of state vehicles and associated equipment, security from vandalism and theft must be evaluated at both the state and private parking sites.

1. At what state facility or location/address is the vehicle parked at during non-working hours and what kind of security is available?
2. List any incidence of vandalism or theft at this location that you are aware of (include any vehicle affected: DAGS Central Motor Pool vehicles, other state vehicles, private vehicles, etc.)
3. If the assignment of a state vehicle is approved, where will the vehicle be parked and what kind of security will be available (e.g., applicant, guard, enclosed parking area, etc.)?

PART VI ADDITIONAL COMMENTS AND JUSTIFICATION

If there are any other reasons or justification that you feel should be considered in assigning a state vehicle to you, please indicate these in the space provided below.

PART VII VALIDATION

A. EMPLOYEE

I hereby certify that all statements in this application are true and correct to the best of my knowledge.
I understand and agree to conditions of section 105-2, HRS.

Date

Applicant's Signature

B. PROGRAM MANAGER / SUPERVISOR

I hereby verify the accuracy of all statements in this application and recommend the following action:

Approval

Disapproval

Date

Program Manager's / Supervisor's Signature

PART VIII DIVISION HEAD'S RECOMMENDATION

Approval

Disapproval

Date

Division Head's Signature

PART IX DEPARTMENT HEAD'S RECOMMENDATION

Approval

Disapproval

Date

Department Head's Signature

PART X REQUEST FOR MOTOR VEHICLE PERMIT IS:

Approved

Disapproved

Date

Comptroller's Signature

(*) Approved recipient of this permit agrees to its terms and conditions stated herein. Violations of use of vehicle shall result in permit revocation and disciplinary action by department. Keep application/permit in a safet file until the expiration date.