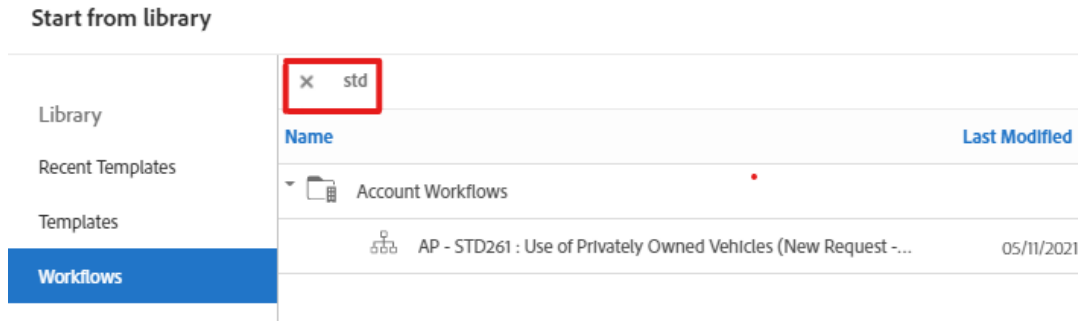


AP - STD261 Authorization to Use Privately Owned Vehicles on State Business

In accordance with State Policy (S.A.M. 0753 & 0754) approval is required to use privately owned vehicles to conduct official State business. A current STD 261 form and Defensive Driving Certificate must be on file with CSUEB when a privately-owned vehicle is used on State business.

The STD261 form is available in Adobe Sign. Select “Start from Library”, then select “Workflows”, search for STD and then select “AP – STD261: Use of Privately Owned Vehicles”.



Enter “Employee” as yourself, “Department Approval” as your manager, and the “Compliance Technician” will automatically populate. If applicable, attach your Defensive Driving Training Certificate under “File” and select “Send”. The Defensive Driving Training can be accessed through [CSULearn](#). To access the Defensive Driving course, submit a ticket with the [ITS Service desk](#).

AP - STD261 : Use of Privately Owned Vehicles (New Request - Department Use)

How this workflow works?
Please fill out the top section of the form stating your driver's license information. After filling out the top section and signing, please forward to your direct reporting manager for their signature approval.

Recipients more

Employee *

Myself Email

Department Approval *

Enter recipient email Email

Compliance Technician *

Myself Email

CC | Hide

Cc

Enter CC's emails

Document Name *

STD261 - Authorization to Use Privately Owned Vehicles on State Business

Options ?

Set Reminder

Message *

Please review my request for using my personal vehicle for state business travel purposes. If approved, please sign.

Files

STD261 - Authorization to Use Privately Owned Vehicles on State Business *

Defensive Driving Training Certificate Add File

AP - STD261 (For Department Use)

Send

Complete the STD261 form by entering the required fields and then select "Submit".

STD261 - Authorization to Use Privately Owned Vehicles on State Business

I. CERTIFICATION

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER 1234ABC	STATE CA	EXPIRATION DATE 01/01/2023
EMPLOYEE'S SIGNATURE <i>Jane Doe</i>	PRINT NAME Jane Doe	DATE SIGNED 06/01/2021

II. APPROVAL

Use of a privately owned vehicle on State business is approved.

APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED
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III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

By form filling, I agree to both this agreement and the [Consumer Disclosure](#). My use of Adobe Sign is governed by the [Adobe Terms of Use](#).

Submit

The form will be routed to your manager for approval and you will receive a copy from Adobe Sign once completed.