

DA 5210  
(DAMV-2)  
Rev. 04/04

**STATE OF LOUISIANA  
REQUEST FOR PERSONAL ASSIGNMENT AND/OR HOME STORAGE  
OF STATE-OWNED VEHICLE**

NEW       UPDATE       DELETE

Originating Date \_\_\_\_\_

State Employee's Name (Last, First, Middle)		Job Classification	Driver's License No.	
Office/Section		<b>VEHICLE REQUEST</b>	Make/Model	Model Year
Serial No.	License No.	Property Tag No.		

**A. PERSONAL ASSIGNMENT** of the above vehicle to the employee named is requested for the following reason(s). (Check appropriate blocks.)

- 01. State employee is in a position which requires, in performance of assigned duties, that the employee drive in excess of the break-even mileage as established by the Commissioner of Administration. (Note: This mileage must accrue consistently throughout the year, not sporadically month to month.)
- 02. State employee is in a position of law enforcement and has the power to arrest and uses this power in the regular performance of his/her duties.
- 03. State employee is in a position which requires, in performance of assigned duties, regular and unscheduled use of a special use vehicle or a vehicle with special equipment installed, (Identify equipment on a separate page.)
- 04. Employee is a statewide elected official, Governor's Executive Counsel, the Commissioner of Administration, Secretary of an executive department, President or Chancellor of a state university or college or their equivalent in the Judicial or Legislative branch of government, or vehicle is purchased and assigned to the office of a statewide elected official.
- 05. Other, Please detail: \_\_\_\_\_  
\_\_\_\_\_

**B. HOME STORAGE** of the above vehicle by the employee named is requested for the following reason(s). (Check appropriate blocks.)

- 01. Employee is a law enforcement officer with the power to arrest who uses this power in the regular performance of daily job duties and whose home storage of a fleet vehicle is deemed by the agency head to be in the best interest of public safety and law enforcement. (Required)
- 02. Employee is provided with transportation to and from the workplace as a condition of employment approved at the time of employment by the Commissioner of Administration. (Permitted)
- 03. Employee's job duties require the use of a special use vehicle or vehicle with special equipment installed outside of normal working hours and home storage of such vehicle can be documented as either cost effective to the Sate or necessary to protect the safety and/or health of the public. (Detail and provide documentation on a separate page.) (Required)
- 04. Employee is a statewide elected official, Governor's Executive Counsel, the Commissioner of Administration, Secretary of an executive department, President or Chancellor of a state university or college, or their equivalent in the Judicial or Legislative Branch of government (Permitted)
- 05. Other, Please detail: \_\_\_\_\_  
\_\_\_\_\_

Address of Employee Residence	Address of Official Domicile	Address of Nearest Dept. Facility Where Vehicle May Be Parked	<b>ONE WAY MILEAGE BETWEEN RESIDENCE AND NEAREST DEPT. FACILITY</b>
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BY signing this agreement, the Agency Head, Transportation Coordinator and State employee attest to the accuracy of the information, which is subject to audit or investigation at any time. If the information is found to be incorrect, appropriate action shall be taken by the Commissioner of Administration and/or other entities.

The State employee also hereby acknowledges that the State vehicle shall not be used for personal purposes without the special approval of the Commissioner of Administration, and that unauthorized use shall subject the employee to possible disciplinary action, up to and including termination.

The State employee understands that he or she is liable for all requirements which are or may be imposed by the Internal Revenue Service on the use of state-owned vehicles for personal assignment and/or home storage. The State employee, by signing this form, agrees that it is his or her obligation to disclose such use to the Internal Revenue Service, and additionally that the employee will maintain the necessary records to satisfy any such requirements relative to reporting the use of said vehicle to the Internal Revenue Service.

If any of the information supplied above changes during this period, the employee shall immediately notify the Agency Transportation Coordinator by updating a copy of this form, including the effective date of the change. The Coordinator will transmit the completed copy to the Commissioner of Administration.

The State employee certifies that a completed and signed Louisiana State Employee Driver Safety Program Authorization/Driving History Form is on file with his or her agency.

Requested Approval Period: \_\_\_\_\_

\_\_\_\_\_  
State Employee Signature

\_\_\_\_\_  
Agency Transportation Coordinator Signature

through June 30, \_\_\_\_\_

\_\_\_\_\_  
Agency Head Signature

	APPROVED	DISAPPROVED
A. Personal Assignment	<input type="checkbox"/>	<input type="checkbox"/>
B. Home Storage/Commuting	<input type="checkbox"/>	<input type="checkbox"/>
_____ Commissioner of Administration or Designee	_____ Date	