

Minimum Mileage Exemption Form

To: Office of the Director
Motor Fleet Management
1308 Mail Service Center
Raleigh, NC 27699-1308
Fax No.: 919-733-2432

From: _____
Vehicle Coordinator/Agency Name

Subject: Request for Exemption from Minimum Mileage Requirements

Date: _____

Vehicle Number _____

As required by G.S. 143-341.(8).i 7a, I am requesting an exemption to the minimum mileage requirements. This vehicle falls under the specific exemption allowed by statute checked below.

___ The individual's duties are routinely related to public safety.

___ The individual's duties are likely to expose the individual routinely to life-threatening situations.

___ Attached is justification to the Division of Motor Fleet Management of the need for permanent assignment because of the unique use of the vehicle. (Unique use must include justification as to why reimbursement of an employee for the use of a personal vehicle, use of a temporary vehicle from MFM's motor pool, or the periodic rental from the State's term contract is not reasonable.)

Required Signature:

Department Head/Date

Please Print or Type Department Head Name

Department/Agency

cc: Chief Fiscal Officer

<u>MFM Use Only</u>	
MFM Recommendation:	_____
SO Review/Recommendation	
Approved:	_____
Disapproved	_____
Date	_____