

Vehicle Assignment Authorization

To be completed for each NMSU owned vehicle in compliance with
NMSU Policy Manual 9.33 Vehicle Assignment Policy

Date:



Vehicle License:

Odometer:

Vehicle Make/Model:

NMSU Tag #:

Vehicle Year:

NMSU Transportation and Parking
MSC 3545, Box 30001
Las Cruces, NM
Dona Ana
88003-8001
Phone: 575-646-7111
Fax: 575-646-1756

Step 1. If the vehicle is assigned to an employee go to Step 2, otherwise
check the circle below.

Entity Vehicle Assignment

- ☐ A university vehicle not assigned to an employee or
part of the Transportation Services vehicle fleet.

Step 2. If the vehicle is assigned to an employee continue to provide the information requested below. NOTE: If a vehicle is
assigned to an employee it must meet the criteria for one of the three categories below.

Employee Name:

Banner ID:

Title:

Department:

Work address:

Home address:

This vehicle will be utilized for commuting to the employee's
work site from home and back.

☐ Yes ☐ No

Daily Vehicle Assignment

Must meet one of the criteria below. Select as applicable.

- ☐ Drive more than 6,000 business miles per year.
- ☐ Position duties require daily travel to multiple
destinations more than 10 miles from the employee's
primary place of business.
- ☐ Position duties require routine transport of at least two
(2) or more employees.
- ☐ Position duties require routine transport of specific
equipment, materials and tools necessary for the
completion of assigned tasks.

Limited Vehicle Assignment

Must meet ALL of the criteria below.

- ☐ Meets criteria for "Daily Vehicle Assignment" above..
- ☐ Position duties routinely require travel directly to a
remote site from his/her home at least two (2) times
per week.

Police/Fire Mission Critical Vehicle Assignment

Must meet criteria below.

- ☐ Assigned employee is required to respond to
emergencies at the time the vehicle is in use.

Signature of Dean or Vice President/Date

(signature required)

Return Completed Form to Transportation and Parking Services at MSC 3545

FOR USE BY TRANSPORTATION AND PARKING SERVICES ONLY:

Date received _____

Reviewed by _____ Date reviewed _____

Date copy send to Treasury Services _____

Signature of Sr. Vice President of BFHR/Date

(signature required)