

NVCC Vehicle Request & Acknowledgement Form

Name of Primary Driver:

Department:

Phone #:

NVCC Email Address:

Alternate Driver Section (if applicable)

Name:

Department:

Phone #:

NVCC Email Address:

Vehicle Departure Date/Time:

Vehicle Return Date and Time:

Number of Passengers (including driver):

Purpose of Use/Destination:

By initialing here _____ I confirm I have a valid driver's license and can legally operate a motor vehicle in the state of Virginia. I also acknowledge that I am aware of the NVCC Vehicle Policy and agree to follow the policies and procedures outlined within.