REQUEST FOR USE OF GOVERNMENT VEHICLE

(FB Reg 55-1)

FROM:	TO: TRANSPORT BRANCH,LSD,DOL 9900 DALRYMLE, STE 1 FORT BELVOIR, VA 22060-5438	DATE:

DRIVER INFO:

IS TMP DRIVER REQUIRED? YES ☐ NO ☐

USER DRIVER PROVIDED? YES ☐ NO ☐

TMP DRIVER INFORMATION

WHO SHOULD DRIVER REPORT TO?	LOCATION AND PHONE NUMBER:	TIME AND DATE:

USER DRIVER INFORMATION

TIME AND DATE OF PICKUP AT TMP	QUANTITY AND CARGO TYPE	TYPE VEHICLE
DESTINATION:	TIME/DATE VEHICLE TO BE RETURNED TO TMP	REQUESTOR PHONE NUMBER

MISSION

APPROVE ☐ **DISAPPROVE** ☐

TRANSPORTATION COORDINATOR SIGNATURE

Previous edition dated 1 Oct 92 is obsolete