## VICTOR VALLEY COLLEGE VEHICLE RESERVATION REQUEST

Date(s) of Trip	Destination (incl	uding city)		
Reason for Trip				
Estimated Mileage (Round Trip)	Number	r of passengers (	Including yourse	elf)
Will students be traveling on th	nis trip? Y	es N	0	
Request for school car/van to be picked	d up at Date	re & Time	eturned at	Date & Time
Primary Driver (please print)				
Driver's License #				
Phone #				
Alternate Driver (please print)				
Driver's License #				
Driver's Phone #				
V.P./Dean's/Director's Signature				
Risk Management Department (if appli	cable) (Approval require		avel)	
NOTE: By signing this request you agree this vehicle. You are also agreeing that laws and the VVC Driver Requirements Requirements prior to operating a Dist	you will operate th . All drivers will be	e vehicle in com	pliance with all	California vehicle
Keys will be distributed between the he	ours of 8:30 a.m. ar	nd 4:30 p.m. unle	ess other arrang	ements are made.
Signature		Dat	e	
*If you are requesting to use a 12-pass certificate (DL 51A) is required.	enger van, a Depar	tment of Transpo	ortation Medica	l Examiner's
One form required for each vehicle use	e requested.			
M&O Office use only:				

Van / Car #

Signature: