

# *Certificate on Non-Availability of State Motor Vehicle*

*I certify that I am authorized by my department  
to report that for the period(s) listed below, no state vehicle was available*

*for business use by* \_\_\_\_\_

First Name

Last Name

DATE

DESTINATION

AUTHORIZED BY

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REVENUE COPY - White — EMPLOYEE COPY - Canary — DEPARTMENT COPY - Pink

338-0100