

AUTHORIZATION FOR USE OF VEHICLE/EQUIPMENT

HHB, IIIId ACA		
HHB, IIIId ACA		
(SGT/OIC) HHB, IIIId ACA		
Bumper Number:	Vehicle Type:	
Driver's Name:		
Date	From:	To:
Destination:		
Reason:		
Driver's Signature:		

I verify the above identified vehicle/equipment is properly prepared for dispatch, and safety checklist was properly conducted. (NOTE: Verifying signature below will not be that of the driver regardless of his/her rank and will be the NCOIC/OIC signature.)

Signature of SGT/OIC, HHB, IIIId ACA:	
AUTHORIZATION SIGNATURES (S):	
1SG, HHB, IIIId ACA	Cdr