

MANUFACTURED HOUSING SECTION



Florida

Department of Highway Safety and Motor Vehicles

Division of Motorist Services
Manufactured Housing Section

Table with 2 columns: PROCEDURE (MHS - 20) and SUBJECT (PROPER USE AND MAINTENANCE OF STATE-OWNED MOTOR VEHICLES). Includes a DESCRIPTION AND USE section: This procedure concerns proper use and maintenance of state-owned motor vehicles.

I. PROPER USE AND MAINTENANCE OF STATE OWNED MOTOR VEHICLES:

- A. Each Employee who operates a state-owned vehicle is responsible for its proper care and maintenance while in the employee's possession, regardless of whether it is a permanent vehicle assignment. The vehicle will usually remain assigned to that employee until the vehicle is traded.
B. Any condition that the employee feels should be corrected prior to the vehicle being used again shall be reported immediately to the program supervisor.
C. Seatbelts must be worn by all occupants of vehicle while in operation.
D. Service and Repairs of State Owned Vehicles: Responsibilities of the employee:
1. In case of an automobile breakdown the staff member (driver) shall notify the program supervisor immediately, so that the vehicle can be repaired and placed back in service.
2. In a situation where a vehicle is going to be out of service for more than three days, the appropriate Program Manager supervisor shall be notified by the program supervisor.

Revisions to this procedure: All references to section supervisor changed to program supervisor. All references to compliance examiner changed to staff member or driver. All references to regional office changed to section office. All references to Voyager updated to Wright Express. Page 1 verbiage updated. Page 2- Rewrite. Page 3-Verbiage updated. Page 4 added Section I-6. Attachment E- Insurance Certificate updated. Page 5-AddedSection I (6), updated viabiage. Page 6- updated use of "G" gas. Page 7- Updated references to DHSMV management manual. Page 11- Attachment A updated. Page 15-Attachment E- Updated. Page 16- Attachment F -Updated.

Table with 4 columns: MHS 20, Effective Date: 02-15-77, Revision Date: 05/02/15, Page #: Page 1 of 16

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- E. Payment for fuel, maintenance and repairs of vehicles.
1. The Department has established, in conjunction with the Department of Management Services and the Department of Financial Services a Fuel and Maintenance Card Program for managing the Departments fuel purchases and vehicle repairs under \$2,500. (Any cost that exceeds \$2499.00 must be paid for with a “Direct Order” (Purchase Order.) (Wright Express is the current vendor for the fleet cards)
- F. Methods of Issuing Fuel Cards:
1. Vehicle Cards are assigned to a specific vehicle with the tag number of the vehicle on the face of the card. Purchases for fuel, car washes oil changes and other authorized vehicle maintenance purchases of \$150 or LESS may be made on these cards. To utilize the card the member must input their pin # (6 digit People First ID) and the vehicle odometer reading if prompted.
 2. Driver Cards are assigned to a specific individual with their name embossed on the face of the card. These cards are to be utilized only by the individual named on the card. Purchases for fuel and vehicle maintenance of less than \$2500 may be made on these cards. However, the Vehicle Card is normally used for fuel purchases. To utilize this card the card holder will be prompted to input 6 digits. The first digit is the code for the Division the vehicle is assigned to (DMV is #3). The rest of the digits are the vehicles numerical tag number preceded with zeros. . For example, DMV Vehicle with tag # DMV 44, the cardholder would input 300044. The card holder will then be prompted to input the odometer reading.
 3. All Cardholders/Users must complete Fuel and Maintenance Card training before they are issued a card and/or authorized as a user.
 4. All purchases are exempt from Florida Sales Tax.
 5. For all receipts the card holder must:
 - a. Make sure the vehicle tag number and odometer reading are on the receipt.
 - b. Ensure there is a complete description of what was purchased.
 - c. Date goods/services were received must be on the receipt.
 - d. Verify that the amount charged is correct and that NO sales tax was charged.
 - e. The Cardholder must sign the receipt.
 - f. The Cardholder’s name must be printed on the receipt.
 - g. The Receipt must be completely legible.
 - h. Document the justification for the purchase. (This is not necessary on vehicle fuel purchases or oil changes.)

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6. All receipts must be submitted to the Regional Office. The Regional Office will process and file receipts in accordance with the guidelines in the Fuel and Maintenance Card procedure.
7. P- Cards are no longer used for vehicle repairs or maintenance.

G. Repair of Vehicles (points, plugs, etc.):

1. Before Repairs are Made, the Program Supervisor must be notified prior to completing the repairs. The repairs will be made utilizing either the vehicle card or the driver card.
2. All general repairs to the division's vehicles which may be covered by the manufacturer's warranty shall be made by an authorized dealer of the make of vehicle involved. If the repair is not for a warranty item, AND the cost exceeds \$2499, three written estimates shall be obtained and the lowest estimate will be used. (Tires may not be purchased using the vehicle card or driver card)
3. All parts may be purchased from the garage making the repair.
4. A request of the usual "Fleet State Discount" should be requested when obtaining repairs for a state owned vehicle.

H. Service of Vehicles:

1. All bureau fleet vehicles will receive maintenance according to the manufacturer's recommended maintenance schedule for the relevant make and model of vehicle, assuming funds are available for such expenditures. If funds are not available, the recommended maintenance will be obtained as soon as funds are made available.
2. If a manufacturer's maintenance guide is not with the vehicle at the time of acquisition, the section office shall contact the manufacturer for direction in this regard including obtaining an owner's manual if possible.
3. Changing of oil and oil filter should be performed at a local service station, quick oil change business or garage which accepts the state Wright Express "Vehicle Card" credit card.
4. Any unusual problems with vehicle maintenance shall be directed to the section supervisor's office for assistance.

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5. Records of all repairs, tune ups, tire replacement, waxes, etc., on any state vehicle shall be stored in Vehicle Maintenance files in each section's office
 - a) These records shall be kept up to date.
 - b) These records shall be retained in the regional office as long as the vehicle continues to remain in use in the bureau.
 - c) Records of all vehicle maintenance must also be provided to bureau headquarters because they must work with the Bureau of Accounting to ensure there are proper records of the expenditures.
6. A section office **may also elect** to maintain a record of routine maintenance of a vehicle in the vehicle using form HSMV-61012, Motor Vehicle Service Record, for this purpose (**see Attachment A on page 11**). This is a convenient reference for the users of the vehicles.

I. Purchase of Tires:

1. Tires must be purchased only from the state tire contract vendor.
2. When purchasing tires the assigned Blanket Purchase Order number shall be used. This Blanket Purchase order also covers balancing of tires when they are purchased. Tire purchases and related balancing are to be done on a single delivery receipt at the point of sale.
3. Tire purchase records shall be kept in the Vehicle Maintenance files for warranty purposes.

J. Tire Repairs:

1. Tire repairs may be made at local service stations as needed.
2. Tire repairs may be placed on the Wright Express "Vehicle Card" state credit card.
3. In case of a flat, tire should be changed by employee unless emergency situation exists or the employee is not physically able to change the tire.

I. Car Washes and Wax Jobs:

Prior to washing or waxing to any state owned vehicle, refer to the applicable owner's manual for guidance on the manufacturer's suggested recommendations.

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1. State owned vehicles may be washed four times per month if there are necessary fund. .
2. Car washes are to be charged on the Wright Express "Vehicle Card" state credit card at facilities which accept these cards.
3. Waxes are to be charged to a Wright Express "Vehicle Card" state credit card.
4. State owned vehicles may be waxed two times per year if necessary funds are available.
5. Complete detailing of the vehicle may be authorized by the program supervisor if there is a reasonable need for such work.
6. All State owned vehicles are to be kept in a clean condition inside and out at all times.

J. Emergency Minor Repairs:

1. Emergency minor repairs such as tire repairs and replacement of hoses may be made at any service station.
2. If emergency repairs are necessary, they shall be made either on the Wright Express Vehicle Card" credit card or on a Wright Express "Driver Card" at facilities which accept these credit cards.
 - a) Wright Express "Vehicle Card" repairs may not exceed \$150.00; e.g., replace a belt or hose.
 - b) "Driver Card" expenditures for repairs may not exceed \$2499.00 and must be approved prior to authorizing repairs by the program manager or the bureau chief. (These purchases shall no longer be made using the "P-Card".)

K. Batteries:

1. Batteries may be purchased at any service center that will accept a Wright Express "Vehicle Card "or "Driver Card"
2. A copy of the battery warranty should be kept in the vehicle's glove box. A copy may also be kept in the regional office's Vehicle Maintenance File.

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L. General Repairs:

1. All general repairs must be approved by the program supervisor and should be paid for using either the vehicle card, driver card or a Purchase Order, following department procedures.
 - a) Have three (3) written estimates submitted to the office of the appropriate section supervisor, along with a Request for Purchase Order (form HSMV 95032) for the lowest of the three estimates and
 - b) Be authorized by the bureau chief or appropriate program supervisor.
 - c) Program Supervisor must be contacted prior to incurring expenses for vehicle repairs
2. Repairs costing \$2499 or less do not require obtaining written estimates, however, staff should try to get the least expensive repairs possible.

M. Gas Purchases:

1. Gas may be purchased at commercial gas stations which accept Wright Express state credit cards issued to section office staff.
2. Only during an emergency fuel may be purchased at state gas stations operated by the Department of Transportation (State "G" gas stations) using the Wright Express credit card (WEX card) It may also be possible to use gas stations operated by counties and cities.
 - a) When gas is purchased from a commercial gas station, the receipts obtained shall be retained in the section office for a minimum of 90 days.
 - b) When gas is purchased from a State "G" gas facility, the amount obtained shall be recorded and the date, tag number, gallons obtained, quarts of oil obtained, mileage, station type and location.

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O. Monthly Vehicle Inspection:

1. The program supervisor or designee shall conduct monthly inspections of all vehicles assigned to their respective office. Generally, this will be done on the last working day of the month, however, specific office's schedules may vary.
2. A Monthly Vehicle Inspection Report (form HSMV 84080) shall be completed on each vehicle at the time of inspection (**see Attachment B on page 12**). This report shall be stored in the Vehicle Maintenance file or a separate file for Monthly Vehicle Inspection Reports. These reports shall be retained for three months and the prior year.
3. If a vehicle is graded poor in any area on the Monthly Vehicle Inspection Report during two consecutive months the program supervisor shall require a letter of explanation from the staff member responsible for the vehicle. This explanation shall state the reason for not correcting the condition when first discovered.

P. Damage to State Vehicles:

1. If a Division of Motorist Services (DMS) automobile is involved in an accident the following procedure must be followed:
 - a) The Florida Highway Patrol shall be contacted immediately and shall conduct the investigation.
 - b) If another agency responds to the accident the driver shall identify himself/herself as a DHSMV employee and request that they contact the nearest Florida Highway Patrol Station.

NOTE: Advise the other agency that our Department's Policy requires the Florida Highway Patrol to conduct an investigation on all accidents involving department vehicles.

- c) If a staff member is involved in an accident the program supervisor shall be notified immediately who will in turn, notify the appropriate Program Manager. If the program supervisor is not available, the appropriate next level supervisor shall be contacted directly by the involved staff member or senior clerk.
- d) If a section supervisor is involved in an accident the Program Manager shall be notified immediately.

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- e) It is the responsibility of the program supervisor to notify the appropriate Program Manager by phone within 24 hours of the accident. The Program Manager is responsible for forwarding the information to the appropriate division direction and to the Bureau of Accounting. The information needed is explained in the DHSMV Management Manual Policy No. 10.2.
- f) The staff member involved shall secure and submit to the program supervisor a copy of the FHP Accident Report and written statement using the Accidents Involving DMS Cars Use Format form, signed by the staff member involved explaining the details of the accident; i.e., cause of the accident, etc. (**see Attachment C on page 13**).
- g) The program supervisor shall compile this information into a written report in the format provided by the appropriate section supervisor.
- h) The program supervisor shall forward the written report, the FHP Accident Report and the staff member's written statement to the appropriate Program Manager as soon as possible after the accident.
- i) In the event an employee is injured in an accident a First Report of Injury form (HSMV-91850) must be completed immediately as outlined in policy 5.20) DHSMV Management Manual (**see Attachment D on page 14**).
- j) **Do Not** discuss details of the accident with any representative of an insurance company. Instead, refer them to the "Office of Fixed Assets and Inventory", Room B-160G, Neil Kirkman Building, Mail Stop 37 Tallahassee, Florida 32399-0600 or phone at (850) 617-3337.

Q. Repair of Accident Damage:

1. For repairs which cost in excess of \$2499, there shall be three (3) written estimates for repairs obtained prior to repairs being made and the cheapest alternative selected.
2. If the estimates are over \$2499, a Request for Purchase Order for the lowest estimate shall be completed through "My Florida Market Place. This will also have to be approved by the bureau chief.

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R. Unauthorized Persons Riding In State Owned Vehicles:

1. No DMS employee shall allow any person or persons to ride in a state owned vehicle, unless the person riding is on official Department of Highway Safety and Motor Vehicle business and prior approval is granted by the bureau chief.
2. No DMS employee shall use any state owned vehicle unless on official departmental business to include approved departmental training programs.
3. Only DMS employees are authorized to operate DMS vehicles, unless otherwise authorized in writing by the bureau chief or section supervisor. One exception to this is when the vehicle is being test driven by a service repair person.

S. Use of Private Vehicle for State Work:

Use of an employee's private vehicle to conduct state business will only be authorized in unusual circumstances by the bureau chief, program manager or program supervisor.

T. Firearms In State Owned Vehicles:

No employee of the DMS shall be authorized to have firearms of any type in a state owned vehicle or on their person during departmental working hours.

U. Alcoholic Beverages In State Owned Vehicles:

No employee of the DMS shall have at any time, any form of alcoholic beverage in a state owned vehicle.

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V. Equipment and Documents to be Installed in State Owned Vehicles:

1. Equipment and documents to be installed in a state owned vehicle are as follows:
 - a. Vehicle Registration.
 - b. Insurance Certificate.(see **Attachment E on page 15**).
 - c. Wright Express state credit card for gasoline purchases should be kept in the vehicle.
 - d. Lug Wrench.
 - e. Jack.
 - f. Vehicle Owner's Manual (if available).
 - g. Flashlight (optional).
 - h. Cellular phone (optional).

2. There shall be no unauthorized equipment installed on vehicles such as wheel rims, large hub caps, hood ornaments, extra lights in the grill or trunk, whitewall tires, flashing enforcement lights, sirens, etc., unless required by law or authorized by the division director.

W. Procedure for Disposal of Surplus Vehicles:

1. If there are Division of Motorist Services decals on the doors of a vehicle which is to be disposed, these decals must be removed before disposal. Decals should be steamed off with no damage to the vehicle.

2. Complete description of used mobile equipment, form DMS M.P. 6401 will be sent to headquarters (**See Attachment F on page 16**).

3. Until a surplus vehicle is traded, it must be parked at a secure place.

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**ATTACHMENT B
MONTHLY VEHICLE INSPECTION REPORT**

VEHICLE # _____ MAKE & MODEL _____ FOR MONTH JAN

JULY

FEB AUG

VIN # _____ VEHICLE ASSIGNED TO: _____ MAR

APR SEP

OCT

MILEAGE: _____ MILEAGE LAST INSPECTION _____ MAY

NOV

JUN DEC

YEAR MODEL _____ YEAR _____

CLEANLINESS:

EXTERIOR: VERY GOOD INTERIOR: VERY GOOD PAINT CONDITION: VERY

GOOD AVERAGE AVERAGE

POOR AVERAGE POOR

POOR POOR

LIGHTS OPERATIONAL:

HEADLIGHTS YES NO SIGNAL LIGHTS YES NO

TAIL LIGHTS YES NO BRAKE LIGHTS YES NO

FLUIDS:

COOLANT OK ADD TRANSMISSION OK ADD P.S. YES ADD

BRAKE OK ADD MOTOR OIL OK ADD WASHER YES ADD

TIRE CONDITION:

VERY GOOD

AVERAGE

POOR

LAST TIRE ROTATION: _____ (DATE)

MILEAGE: _____

LAST LUBE, OIL & FILTER CHANGE: _____

(DATE) _____

MILEAGE: _____

WHEEL BEARING PACKED: _____

(DATE) _____

MILEAGE: _____

BODY DAMAGE: YES NO (IF YES, AREA OF DAMAGE: _____)

BODY RUST: YES NO (IF YES, AREA OF RUST: _____)

WIPERS OK REPAIR

WATER HOSES OK REPLACE

DRIVE BELTS OK REPLACE

TRANSMISSION SERVICED _____

PRESENT MECHANICAL CONDITION: VERY GOOD

AVERAGE

POOR

IF POOR, EXPLAIN: _____

COMMENTS (IF ANY): _____

VEHICLE IN SAFE OPERATING CONDITION: YES NO

OPERATOR: _____

(SIGNATURE)

SUPERVISOR: _____

(SIGNATURE)

DATE: _____

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ATTACHMENT C

ACCIDENTS INVOLVING DMS CARS USE FORMAT

TO: _____

DATE OF ACCIDENT: _____

LOCATION: _____

CITY AND/OR COUNTY: _____

DEPT. VEHICLE DRIVER'S NAME: _____

AGE: _____ **PHONE NUMBER:** _____

DESCRIPTION OF DEPARTMENT VEHICLE: _____

OTHER PARTIES INVOLVED IN ACCIDENT: _____

ADDRESS: _____ **PHONE:** _____

DESCRIPTION OF OTHER VEHICLE: _____ **TAG NO.:** _____

CURRENT LOCATION OF OTHER VEHICLE: _____

BRIEF DESCRIPTION OF WHAT HAPPENED (Include which vehicle was at fault, DHSMV Vehicle or both):

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ATTACHMENT D

FIRST REPORT OF INJURY OR ILLNESS

FLORIDA DEPT. OF LABOR & EMPLOYMENT SECURITY
 DIVISION OF WORKERS COMPENSATION
 For assistance call 1-800-342-1741
 Or contact your local EAO OFFICE
 Report all deaths within 24 hours (850)488-3044

PLEASE TYPE

| | | |
|---------------------|------------------|--------------------|
| RECEIVED BY CARRIER | SENT TO DIVISION | DIVISION REC' DATE |
| | | |

EMPLOYEE INFORMATION

| | | | |
|---|--|--|---|
| EMPLOYEE'S CLASS TITLE: | | BROADBAND OCCUPATION TITLE: | |
| EMPLOYEE'S CLASS CODE: | | BROADBAND OCCUPATION CODE: | |
| NAME (First, Middle, Last) | | Social Security Number | Date of Accident (Month/Day/Year) |
| HOME ADDRESS Street/Apt. # City _____ State _____ Zip _____ | | EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury) | |
| TELEPHONE _____ | DATE OF BIRTH _____ | INJURY/ILLNESS THAT OCCURRED | Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Area Code _____ Number _____ | SEX <input type="checkbox"/> M <input type="checkbox"/> F | PART OF BODY AFFECTED | |

EMPLOYER INFORMATION

| | | | |
|--|--|--|---|
| COMPANY NAME: _____ D H S M V _____ | | FEDERAL I. D. NUMBER (FEIN) N/A | DATE FIRST REPORTED (Month/Day/Year) |
| Street: _____ City: _____ State _____ Zip _____ | | NATURE OF BUSINESS State Government | POLICY / MEMBER NUMBER N/A |
| EMPLOYER'S LOCATION ADDRESS (if different) Street: _____ City: _____ State _____ Zip: _____ | | DATE EMPLOYED ____/____/____ | PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PLACE OF ACCIDENT (Street, City, State, Zip) Street: _____ City: _____ State _____ Zip _____ | | LAST DATE EMPLOYEE WORKED ____/____/____ | WILL YOU CONTINUE TO PAY WAGEES INSTEAD OF WORKERS' COMP? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COUNTY OF ACCIDENT: | | RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE ____/____/____ | LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP ____/____/____ |
| DATE OF ACCIDENT: | | DATE OF DEATH (if applicable) ____/____/____ | RATE OF PAY <input type="checkbox"/> HR <input type="checkbox"/> WK \$ _____ PER <input type="checkbox"/> DAY <input type="checkbox"/> MO |
| EMPLOYEE SIGNATURE (if available to sign) _____ DATE _____ | | AGREE WITH DESCRIPTION OF ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO | Number of hours per day _____ Number of hours per week _____ Number of days per week _____ |
| SUPERVISOR'S SIGNATURE _____ DATE _____ Telephone: Area Code _____ Number _____ Suncom _____ | | SUPERVISOR'S E-MAIL ADDRESS ____@____.____ | NAME ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL |
| | | | MANAGED CARE CONTRACT <input type="checkbox"/> YES <input type="checkbox"/> NO AUTHORIZED BY EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO |

CARRIER INFORMATION

| | | | | | |
|--|----------------------------|----------------------|---|--|--|
| <input type="checkbox"/> 1. Case Denied—DWC-12, Notice of Denial Attached | | | <input type="checkbox"/> 2. Medical only which became lost time case (Complete all info in # 3) | | |
| <input type="checkbox"/> 3. Lost Time Case—1 st day of disability ____/____/____ Salary continued in lieu of comp? <input type="checkbox"/> YES Salary End Date ____/____/____ Date First Payment Mailed ____/____/____ AWW ____ Comp Rate _____ <input type="checkbox"/> T.T. <input type="checkbox"/> T.T.-80% <input type="checkbox"/> T.P. <input type="checkbox"/> L.B. <input type="checkbox"/> P.T. <input type="checkbox"/> Death | | | REMARKS: State of Florida pays full salary for the first 7 days (40 hours) | | |
| CARRIER CODE# 694 | EMPLOYEE'S RISK CLASS CODE | EMPLOYER'S SIC. CODE | CARRIER NAME, ADDRESS & TELEPHONE | | |
| SERVICE CO/TPA CODE # | CARRIER FILE # | | FLORIDA DEPARTMENT OF INSURANCE DIVISION OF RISK MANAGEMENT BUREAU OF STATE EMPLOYEES' WC CLAIMS POST OFFICE BOX 8020 TALLAHASSEE, FLORIDA 32314-8020 IS EMPLOYER SELF-INSURED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |

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ATTACHMENT E: MOTOR VEHICLE INSURANCE CERTIFICATE



DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

STATE RISK MANAGEMENT
TRUST FUND

Policy Number: AL-1400 Fleet Automobile Liability
Certificate of Coverage

Name Insured: Department of Highway Safety & Motor Vehicles

Automobile Liability Coverage provided pursuant to Chapter 284, Part II, Section 768.28,
Florida Statutes, the Florida Vehicle No-Fault Law, and any rules promulgated thereunder.

Coverage Limits:

General Liability: \$200,000.00 each person
\$300,000.00 each occurrence

Personal Injury: \$10,000.00 each person
\$10,000.00 each occurrence

Inception Date: July 1, 2014

Expiration Date: July 1, 2015

CHIEF FINANCIAL OFFICER

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ATTACHMENT F

REQUEST FOR DISPOSAL OF MOBILE EQUIPMENT

REQUESTOR: Department DHSMV Division DMS Date _____

Mobile Equipment Disposal Contact: Name: _____ Title: _____
 Address: _____ Florida: _____ (Zip Code) _____
 Phone: _____ Location where equipment may be inspected: _____

DESCRIPTION OF EQUIPMENT:

| Equipment or Tag Number | Model Year | Make | Type (Body style, # of Doors, Etc.) | Vehicle Identification Number | Date Placed in Service | Actual Miles/Hours |
|--|------------|------|-------------------------------------|-------------------------------|------------------------|--------------------|
| | | | | | | |
| 1. Fuel Type: Gasoline _____ Diesel _____ Other _____ Engine Description 4-cyl. _____ 6-cyl. _____ 8-cyl. _____ Other _____ 2. Transmission: Automatic _____ Manual _____ No. Speeds _____ Two Wheel Drive _____ Four Wheel Drive _____ Tandem _____ 3. Accessories: AM Radio _____ AM/FM Radio _____ Air Conditioning _____ Cruise Control _____ Other _____ 4. Condition: (Indicate Good, Fair or Poor) Body _____ Paint _____ Engine _____ Driveline _____ Tires _____ 5. Status of Equipment: Operational _____ Non-Operational _____ Specify: Wrecked _____ Burned _____ Other _____ 6. Estimate of Immediate Cost to Keep Unit Operational \$ _____ (Explain Below) _____ ESTIMATED VALUE OF EQUIPMENT: \$ _____ AS OF _____ | | | | | | |