

MFOMS-18
CERTIFICATION OF EXEMPTION
STATE MOTOR VEHICLE COMMUTE CHARGE
(Revised 1/2020)

Agency Name:	Agency Appropriation Code: (found on your paystub)
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State Vehicle License Plate #:	State Vehicle VIN#:
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State Vehicle Type (Sedan, Van, Pickup, SUV, etc...):

Assigned Driver:

Last name	First name	Middle initial
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Assigned Driver's Title and Office/Unit Name:

Briefly Describe the duties & responsibilities of this position:

Driver's Home Address:

Street	Unit/Apt. #
City	State
	Zip Code

Driver's State Office Address:

Street	Room/Suite #
City	State
	Zip Code

Address at which the vehicle will be parked overnight:

Street	Unit/Apt. #
City	State
	Zip Code

Exemption Requested: - Please check accordingly 1____ 2____ 3____ 4____
Note that only one exemption may be requested

EXEMPTION 1: Assigned vehicle is not used to commute but remains parked overnight at the authorized driver's assigned office. Vehicles that are driven from the driver's assigned office to a regional office, branch or any other sub-unit of the State and parked overnight do not qualify under this exemption.

EXEMPTION 2: Vehicle is assigned to an authorized driver whose duties are primarily field assignments and who reports to the designated office **an average of once a week or less**, as certified by the Agency Head. These drivers are generally not required to report to an assigned location at the beginning or end of their workday. **Once per week or more responses to a regional office, branch or any other sub-unit in lieu of responding to the driver's headquarters disqualifies the driver from this exemption.**

List normal office visit schedule for authorized driver in accordance with policy, and as shown on their mileage log for the previous 12 months:

EXEMPTION 3: Vehicle is assigned to a Law Enforcement Officer

EXEMPTION 4: Vehicle is modified and equipped with highly specialized equipment necessary to respond to emergency needs **and** the assigned driver is subject to emergency call out at times other than scheduled working hours. Examples of vehicle types are: bomb disposal trucks, haz-mat response trucks, and traffic signal repair trucks. Vehicles must be specifically designed and used to carry and store highly specialized emergency equipment. Two-way radios, emergency lights, and other ancillary equipment do not qualify.

List vehicle type, modifications, and specialized equipment:

The undersigned certify the above statements are accurate and agree to make proper notification to the Department of Budget and Management in the event that a change in assignment or job duties occurs which nullifies the accuracy of this certification. **If there is a change in the driver's job functions, assignment, home address or address where the vehicle will be parked overnight, a new MFOMS-18 must be submitted for approval.**

ASSIGNED DRIVER SIGNATURE	PRINT NAME	DATE
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FLEET MANAGER'S AUTHORIZATION	PRINT NAME	DATE
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DEPARTMENT/AGENCY HEAD AUTHORIZATION	PRINT NAME	DATE
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DEPARTMENT OF BUDGET & MANAGEMENT APPROVAL	DATE
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The assigned driver and State vehicle listed above are certified as exempt from State vehicle commute charges resulting from the information provided.