

## Minimum Mileage Exemption Form

To: Office of the Director  
Motor Fleet Management  
1308 Mail Service Center  
Raleigh, NC 27699-1308  
Fax No.: 919-733-2432

From: \_\_\_\_\_  
Vehicle Coordinator/Agency Name

Subject: Request for Exemption from Minimum Mileage Requirements

Date: \_\_\_\_\_

Vehicle Number \_\_\_\_\_

As required by G.S. 143-341.(8).i 7a, I am requesting an exemption to the minimum mileage requirements. This vehicle falls under the specific exemption allowed by statute checked below.

The individual's duties are routinely related to public safety.

The individual's duties are likely to expose the individual routinely to life-threatening situations.

Attached is justification to the Division of Motor Fleet Management of the need for permanent assignment because of the unique use of the vehicle. (Unique use must include justification as to why reimbursement of an employee for the use of a personal vehicle, use of a temporary vehicle from MFM's motor pool, or the periodic rental from the State's term contract is not reasonable.)

Required Signature:

\_\_\_\_\_  
Department Head/Date

\_\_\_\_\_  
Please Print or Type Department Head Name

\_\_\_\_\_  
Department/Agency

cc: Chief Fiscal Officer

<u>MFM Use Only</u>	
MFM Recommendation:	_____
SO Review/Recommendation	
Approved:	_____
Disapproved	_____
Date	_____