

SAM-TRAVEL

SAM-INSURANCE VERIFICATION AND AUTHORIZATION TO OPERATE PRIVATELY OWNED/RENTED/LEASED AIRCRAFT ON STATE BUSINESS, STD. 265

STEP ACTION

- 1 ENTER BEGINNING DATE AND ENDING DATE OF THE PERIOD. THE PERIOD IS VALID FOR A MAXIMUM OF ONE YEAR.
- 2 THE EMPLOYEE READS THE CERTIFICATION AND SIGNS THE FORM.
- 3 PRINT EMPLOYEE'S NAME.
- 4 ENTER THE LICENSE TYPE HELD AND NUMBER.
- 5 ENTER THE DATE THE FORM WAS SIGNED.
- 6 THE SUPERVISOR SIGNS THE FORM, ENTERS SIGNATURE TITLE AND DATES THE FORM.

SAM-TRAVEL

Clear Print

STATE OF CALIFORNIA

INSURANCE VERIFICATION AND AUTHORIZATION TO OPERATE PRIVATELY OWNED / RENTED / LEASED AIRCRAFT ON STATE BUSINESS

STD. 265 (NEW 2-91)

Table with columns: AUTHORIZATION EFFECTIVE (Maximum One Year), FROM, TO

Completion of this form does not constitute prior approval to use a privately owned/rented/leased aircraft. Supervisors must evaluate the use of aircraft and MAY authorize use whenever it is the most economical means available or is otherwise in the best interests of the State.

I. EMPLOYEE / PILOT CERTIFICATION

I hereby certify that:

- 1. I have a valid Federal Aviation Agency (FAA) pilot's license... 2. In every case, the aircraft is in accordance with applicable FAA regulations... 3. To the best of my knowledge, the aircraft is in safe mechanical condition... 4. Passengers will only be carried under conditions stated in Title 2... 5. If passengers are carried, passenger liability insurance will be in effect. 6. There is a current insurance policy with liability limits of at least: (a) bodily injury liability of \$100,000... (b) passenger bodily injury liability of \$100,000...

I have read Section 599.628 of the Department of Personnel Administration Rules and the State Administrative Manual Sections governing the use of privately-owned/rented/leased aircraft on State business and agree to comply therewith.

Table with columns: EMPLOYEE'S SIGNATURE, EMPLOYEE'S NAME PRINTED, LICENSE TYPE HELD, LICENSE NUMBER, DATE SIGNED

II. SUPERVISOR'S AUTHORIZATION AND VERIFICATION OF INSURANCE REQUIREMENTS

Table with columns: SUPERVISOR'S SIGNATURE, TITLE, DATE SIGNED

DISTRIBUTION: SUPERVISOR - Original ACCOUNTING - Copy EMPLOYEE - Copy