



**Edward J.B. Calvo**  
Governor  
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**Department of Administration**  
(DIPATTAMENTON ATEMENSTRASION)  
**DIRECTOR'S OFFICE**  
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**JUL 05 2011**

**DEPARTMENT OF ADMINISTRATION ORGANIZATIONAL CIRCULAR NO.: 2011-013**

To: All Department and Line Agencies  
From: Director, Department of Administration  
Subject: Use of Privately Owned Vehicle (POV) for Official Government Business

Hafa Adai! Effective immediately, all Departments and Line Agencies who have elected the option to allow employees to use POVs for official government business must conform to the following updated forms and procedures. The processes for the implementation of the newly established procedures have been outline below:

- 1) Request copy of updated procedures from DOA (please contact Anita Arile 475-1115)
- 2) Obtain copy of updated POV application
- 3) Each agency must maintain a control log of their approved employees' POV
- 4) No need for DPW clearance

The use of the revised DOA POV form will be strictly enforced. Departments and Agencies submitting personally formatted substitutes or the older version of the form will receive their request packets back for correction.

Your prompt attention is greatly appreciated. Should you have questions please contact me at 475-1101.

Si Yu'os Ma'ase!

  
BENITA A. MANGLONA  
Acting Director

attachment



**GOVERNMENT OF GUAM**  
**REQUEST AND AUTHORIZATION FOR ALLOWANCE FOR**  
**USE OF PRIVATE VEHICLES ON OFFICIAL BUSINESS**

INDICATE	
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL

NAME		TITLE
DEPARTMENT		DIVISION SECTION
YEAR & MAKE OF VEHICLE		DRIVER'S LICENSE NO. VEHICLE LICENSE NO.

NATURE OF USE OF VEHICLE	

REASON WHY IT WOULD NOT BE DESIRABLE TO USE GOVERNMENT VEHICLE	

TO BE USED (Check one)		IF IRREGULAR ROUTE, ESTIMATE MONTHLY MILEAGE
<input type="checkbox"/> IRREGULAR ROUTE	<input type="checkbox"/> REGULAR ROUTE	

IF REGULAR ROUTE, SPECIFY ROUTE	TOTAL MILEAGE

VEHICLE COVERED BY PUBLIC LIABILITY & PROPERTY DAMAGE INSURANCE	IF SO, WHAT LIMITS - PUBLIC LIABILITY	PROPERTY DAMAGE
<input type="checkbox"/> YES <input type="checkbox"/> NO		

NAME OF INSURANCE CO.

RECOMMENDED BY			
EMPLOYEE SUPERVISOR	DATE	DIVISION HEAD	DATE

EMPLOYEE CERTIFICATION	
<p>I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT AND I AGREE THAT THE GOVERNMENT, THROUGH ITS DESIGNATED REPRESENTATIVES, SHALL HAVE THE RIGHT TO CHECK THE SPEEDOMETER OF VEHICLE USED AT ANY TIME. I FURTHER CERTIFY THAT I WILL NOTIFY MY DEPARTMENT OR DIVISION HEAD WHEN ANY OF THE ABOVE INFORMATION BECOMES INACCURATE OR INCOMPLETE.</p>	
SIGNATURE	DATE

AGENCY HEAD APPROVAL *	
DIRECTOR	DATE

\* DPW clearance not necessary.

CERTIFICATION OF FUNDS	
AUTHORIZED FOR FISCAL YEAR	CHARGE ALLOTMENT NO.
DEPT CONTROL NUMBER : PV -	
CERTIFYING OFFICER	DATE