

SEMIANNUAL VEHICLE SUPPORT JUSTIFICATION (EUSA REG 58-1)			1. DATE		2. JUSTIFICATION PERIOD		
3. USING UNIT		4. OFFICIAL USER NAME: GRADE: POSITION:			5. REPORT TO: <i>(PERSON)</i> NAME: RANK: BLDG NO.:		
6. TYPE OF JUSTIFICATION <input type="checkbox"/> NEW <input type="checkbox"/> RENEW		7. TIME REQUIRED REPORT _____ HOURS RELEASE _____ HOURS		8. TYPE OF DISPATCH REQUIRED _____ DAILY _____ WEEKLY <input type="checkbox"/> MON - FRI <input type="checkbox"/> MON - FRI <input type="checkbox"/> SPECIAL <input type="checkbox"/> MON - SAT <input type="checkbox"/> MON - SAT <i>(Explain 11)</i> <input type="checkbox"/> MON - SUN <input type="checkbox"/> MON - SUN			
9. TRANSPORTATION COORDINATOR <i>(PRIMARY AND ALTERNATE)</i>					10. DRIVER'S NAME AND RANK		
NAME		RANK	SIGNATURE				PHONE NO.
11. JUSTIFICATION:							
12. I AM AWARE AND WILL INFORM ALL PERSONNEL USING THIS VEHICLE THAT MISAPPROPRIATION OR PERSONAL USE OF THIS VEHICLE IS IN DIRECT VIOLATION OF PUBLIC LAW AND THE UCMJ.							
TYPED NAME, GRADE, AND POSITION			PHONE NUMBER		SIGNATURE OF OFFICIAL USER		
TO BE COMPLETED BY TMP							
13. DISPOSITION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		14. DATE		15. TYPE OF VEHICLE		16. VEHICLE NUMBER	
17. REMARKS:							
18. TYPED NAME, AND GRADE OF APPROVING OFFICER				SIGNATURE			

COMPLETION INSTRUCTIONS FOR VEHICULAR JUSTIFICATION FORM

1. DATE: The date this form is prepared.
2. JUSTIFICATION PERIOD: Leave blank.
3. USING UNIT: Unit/activity/organization requiring utilization of vehicle.
4. OFFICIAL USER: Individual whose official duties require transportation.
5. REPORT TO: a. Name and rank of individual to who the vehicle is to report.
b. Building number - building where the vehicle is to report.
6. TYPE OF JUSTIFICATION: Check appropriate block.
7. TIME REQUIRED: a. REPORT: Time the vehicle is to report.
b. RELEASE: Time the vehicle is to return to the TMP.
8. TYPE OF DISPATCH REQUIRED: Check appropriate block. Type of dispatch requested by using agency may be changed by the transportation officer.
9. TRANSPORTATION COORDINATORS: Names, grades, signatures, and telephone number(s) of individuals who are responsible for coordination of all transportation requirements within each using unit/organization/activity.
10. DRIVER'S NAME: Name and grade of driver.
11. JUSTIFICATION: This block is for the using unit's justification for vehicular support. This block includes, but is not limited to, a concise statement as to (1) the need for vehicle on recurring dispatch or type of dispatch requested, (2) reasons for the type of vehicle requested, (3) the estimated mileage a day, (4) the number of vehicle trips a day (5) the area of operation, (6) whether cargo or passengers will be transported, (7) the reason why the use of military taxi, shuttle bus, or a class "C" dispatch vehicle would be inadequate.
12. Type name, grade, position, telephone number, and signature of OFFICIAL USER.

ADDITIONAL INFORMATION

1. In the event that additional space is required for preparation of this form, bond paper (8 1/2" X 11") may be attached in a secure manner.
2. References: a. AR 58-1
b. EUSA REG 58-1
c. TM 38-600