

AUTHORIZATION TO OPERATE A MOTOR VEHICLE

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

Facility	Date
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Name of Inmate	Register Number
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Driver's License Number	State	Exp. Date
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License Address

Vehicle	Year	Make	Model
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Color	License Plate Number
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Registration Number	Exp. Date
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Registered Owner: Name	Telephone Number
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Address

Insurance Co. Name

Policy Expiration Date

Facility Staff Review:

- Copies of required documents on file (ie. Insurance and owner approval)
- Car checked for absence of beeper/cellular phone
- Resident understands rules and the right of CCC staff and BOP personnel to search the vehicle at any time.
- Public transportation not practical.

Signature of Resident	Signature of Case Manager
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CCC Director approval

Approved <input type="checkbox"/>	Comments
Disapproved <input type="checkbox"/>	

Signature Community Corrections Manager	Date
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