



GREAT BASIN RENTAL CAR BPA CHECKLIST FOR CENTRALLY BILLED RESERVATIONS

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| NAME OF OPERATOR | RESOURCE ORDER # |
| INCIDENT NAME | INCIDENT # (i.e., XX-XXX-XXXXXX) |
| DISPATCH CENTER RESERVING VEHICLE | NAME OF EMPLOYEE RECEIVING COMPLETED FORM |

By my signature below I acknowledge that I have received a copy of the Great Basin Rental Car Program Standard Operating Procedures and understand the roles and responsibilities assigned to me regarding the vehicle being rented for my use.

- I have a valid State-issued driver's license.
- I will decline all insurance coverage options when picking up the vehicle.
- I will decline prepayment of fuel when picking up the vehicle.
- I will perform a pre-use inspection when picking up the vehicle and take note of any damages (including photos). Damages will be discussed with the rental agency personnel.
- A copy of the commercial rental agreement shall remain in the glove box of the vehicle at all times until the vehicle is returned to the vendor.
- I will ensure that "rental car authorized" is noted on all resource orders associated with my assignment to ensure payment coverage of the vehicle.
- If the vehicle is damaged at the incident, I will complete the forms listed in the SOP, arrange for an investigation and contact my hiring supervisor to inform him/her of the damages and status of the paperwork and damaged vehicle. Forms/photos will be submitted to the hiring unit incident business or administrative point of contact where I was hired upon return of the vehicle.
- When returning the vehicle, I will ensure the vehicle is clean.
- When returning the vehicle, I will ensure the fuel tank is full. If assistance is needed with re-fueling options I will contact my dispatch center.
- I will perform a post-use inspection of the vehicle upon return, noting any damages (including photos).
- I will inform my supervisor of any damages that occurred during my possession of the vehicle. Forms listed in the SOP will be completed and submitted to the hiring unit incident business or administrative point of contact where I was hired.

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| EMPLOYEE NAME | EMPLOYEE CONTACT PHONE # |
| EMPLOYEE SIGNATURE | DATE |

FORM DISTRIBUTION: Original – Dispatch Center; Copy – Hiring Unit; Copy - Employee