

AUTHORITY NO: _____

PMT/PROF/0007

EXEMPTION TO CARRY A TRIP AUTHORITY

THIS IS TO CERTIFY THAT MR/MISS/MRS _____ IS EMPLOYED BY
THE DEPARTMENT OF _____ IN THE _____
SECTION, SITUATED AT _____

IN TERMS OF DELEGATION 0705, HE / SHE IS EXEMPTED FROM CARRYING AN APPROVED TRIP AUTHORITY(PMT/PROF/0001) WHILE DRIVING A KWAZULU-NATAL PROVINCIAL ADMINISTRATION VEHICLE WHILST PERFORMING HIS/HER DUTIES FOR THE FOLLOWING REASON(S):-

VEHICLE DESCRIPTION:

MAKE / MODEL: _____ REG. NO. _____

COLOUR: _____

NB: FOR THOSE OFFICIALS REQUIRED TO PERFORM SHIFT DUTIES OUTSIDE NORMAL OFFICE HOURS, AUTHORITY IS GRANTED FOR THE FOLLOWING VEHICLES TO BE UTILISED FOR THE EXECUTION OF HIS / HER DUTIES.

VALIDITY:

THIS EXEMPTION IS VALID FOR A PERIOD OF ONE MONTH, COMMENCING ON _____ WITH THE
LAST VALID DAY BEING _____

PARTICULARS OF DRIVER:

FULL NAME AND SURNAME: _____

DESIGNATION: _____

DEPARTMENT/STATION: _____

IDENTITY NUMBER: _____

LICENCE CODE: _____ LICENCE NUMBER: _____

SUPERVISORS NAME: _____ CONTACT NO.: _____

I hereby confirm that I hold a valid drivers licence and acknowledge that I have read and understood my responsibilities as the driver of this official vehicle set out in the Handbook for Drivers of Official Vehicles.

SIGNATURE OF OFFICIAL: _____

AUTHORISATION:

I, _____ IN MY CAPACITY OF _____

HEREBY EXEMPT _____ FROM CARRYING AN ITINERARY WHILST
DRIVING THE ABOVE-MENTIONED VEHICLE(S)*

SIGNATURE: _____

DESIGNATION _____

DATED: _____



*Delete those portions/sections not relevant.