**LOCAL CAR USER SCHEME – MANAGER VALIDATION FORM – ANNUAL CHECK**

**(NB This is the second stage of a 2-stage process – authorisation must first be obtained using the “Post Authorisation Form” for any post which is not already on the Authorised List.**

This form needs to be completed annually, or where:

* there are changes to working practices which impact on vehicle use and / or
* the individual employee’s circumstances change which impact on vehicle categorisation / use
* the employee changes vehicle

**Part 1** (Employee / Post / Vehicle details)

**Employee Details:**

|  |  |
| --- | --- |
| Name of Employee: |  |
| Post Title: |  |
| Employee Payroll Number: |  |  |  |  |  |  |

**Eligibility – all criteria as outlined by the scheme must be met**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does post meet Criteria LCU 1-4? | Yes |  | No |  |
| State annual mileage for previous 12 months (should exceed 3,000 per annum, pro rata for part time staff) |  |

**Vehicle Details:**

|  |  |  |
| --- | --- | --- |
| Make / Model: |  |  |
| Vehicle Registration: |  |
| Date Vehicle first Registered: |  |
| Engine Size: |  |
| CO2 Emissions (from: **www.taxdisc.direct.gov.uk**) |  |
| Date vehicle acquired: |  |
| Is this a change of vehicle: | Yes |  | No |  |

**Documentation Verification:**

|  |  |
| --- | --- |
| **Document** | **Tick to confirm if seen and meets requirements** |
| Full valid0020faUK Driving Licence: |  |

|  |  |
| --- | --- |
| Valid Insurance Certificate including a clause indemnifying the County Council against all third party claimsarising out of the use of your car on official business (“Business Use”): |  |
| V5 Registration / MOT confirming vehicle emissions: |  |

**Part 2** (Confirmation)

**I can confirm that the Local Car User Scheme criterion is met and the relevant documentation is validated for the employee detailed above:**

|  |  |
| --- | --- |
| CO2 Emissions: |  |
| Date Effective from: |  |

**Signed: ………………………………………………………………………………. (Manager)**

**Date: ……………………………………………………………………………………………….**

**Print Name: …………………………………………………………………………...................**

**Job Title: …………………………………………………………………………………………..**

**Directorate: ……………………………………………………………………………………….**

**Form to be forwarded to:**

HR Admin, recruitment and payroll team

Travel Team

West Wing

Parkhouse Building

Kingmoor Business Park

Carlisle

Cumbria

CA6 4SJ

Or attach the form to a [HR admin portal ticket](https://servicecumbria.service-now.com/nav_to.do?uri=%2Fpeoplemanagementportal%3Fid%3Dsc_category%26sys_id%3Dc2d5dc8b97579910103030fe2153af9e)