VIRGIN ISLANDS PORT AUTHORITY

HOME USE AUTHORIZATION

Authorization No. _____

Agency	Division	Location
Name of User	Work Phone No.	Emergency Phone No.
Description of Equipment	Asset ID No./**Condition Code	Serial No.

Justification for Home Use:

To Be Returned:

☐ Annual Renewal	
☐ Date:	
☐ Other:	

User's Signature & Date:	
Approved by (Sign & Date):	
Print Name/Title:	

☐ The Equipment listed above has been returned.

User's Signature & Date: _____

Verified by (Sign & Date): _____

* Condition Code

Print Name/Title _____

**Condition Codes:	E-Excellent	G-Good	F-Fair	P-Poor	U-Unusable	L-Lost	S-Stolen	X-Surplus
Instructions for Initial Authorization: Complete and send original to the respective Agency Head's Office until the equipment is returned. The Departmental Accountable Officer should also retain a copy of this form.								
Instructions for Return: Use retained original, complete ottom portion of form and return to the respective Agency Head's Office. The Departmental Accountable Officer should also retain a copy of this form.								

PRINT IN TRIPLICATE.