

Agency Update (Driver/Billing Information)
New Assignment (OFAM Use Only)

Driver Information

Department/Agency		Division/Unit/Office		Agency Billing Code	
Name		Driver's License Number	Expiration Date	A-Card # (required for Non-Exempt vehicle)	
Office Address		Room Number	City		Zip
Office Phone		Work Cell Phone		Work Email Address	
Fleet Coordinator		Office Phone		Work Email Address	

Current or Returning Vehicle Information

Equipment Number		License Plate Number		Current Plate Type		Voyager Card Number	
				Exempt Non-Exempt			
Vehicle Year (YYYY)	Make		Model		Color	Current Mileage	

I understand and agree to the following:

- I am responsible for paying all bridge/highway tolls and will be held financially accountable for all toll evasion fines, as well as all parking tickets and moving violations issued while operating a State vehicle. Failure to comply with this policy may result in a payroll deduction for the full amount from the next applicable pay period.
- I further agree to all policies and procedures as set forth in the [DGS-OFAM Handbook](#).

Driver's Name (Printed)		Signature		Date	Time

For OFAM Use Only

New/Deploying Vehicle Information

Equipment Number		License Plate Number		Plate Type Required		Voyager Card Number	
				Exempt Non-Exempt			
Vehicle Year (YYYY)	Make		Model		Color	Mileage	
FAP New Business Unanticipated Loss Temp Long Term Lease						FAP Fiscal Year (YY/YY)	
Released by						Date	
Fleet Focus Updated by:						Date	Date Customer Survey Sent
Notes (vehicle condition, etc.)							