
Agency Fleet Manager/Coordinator Assignment Form

Agencies having or seeking delegated fleet management authority must designate an agency employee as Fleet Manager that is responsible for overseeing the operation of the agency fleet. If your agency is seeking delegated fleet management authority please complete the following section.

Fleet Manager

Name: _____

Fleet Manager Title: _____

Phone Number: _____

CAFM enrollment date: _____

CAFM graduation date: _____

Back-up

Name: _____

Title: _____

Phone Number: _____

Agency Authorization: _____
(Signature of Director or designee)

Those agencies whose vehicle fleet is managed by DAS must designate a Fleet Coordinator to work with the DAS Office of Fleet Management. If your agency fleet is managed by DAS please complete the following section.

Fleet Coordinator

Name: _____

Title: _____

Phone Number: _____

Agency Authorization: _____
(Signature of Director or designee)

For Office of Fleet Management Use Only

Approved: _____

Date: _____