

Agency Vehicle Coordinator / Fleet Manager Assignment Form

Agencies wishing to have delegated fleet management authority must have a Certified Fleet Manager. 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: _____

Those agencies whose vehicle fleet is managed by DAS must have a vehicle liaison that will work with the DAS Office of Fleet Management. If your agency fleet is managed by DAS please complete the following section.

Vehicle Liaison

Name: _____

Title: _____

Phone Number: _____

For Office of Fleet Management Use Only

Approved: _____

Date: _____