OhioDAS
General Services
Office of Fleet Management

Operator Name
Motor Pool Reservation System

Employee First Name: _____

Employee Last Name: _____

Employee Signature: _____

Division/Unit: _____

Date: _____

E-Mail Address: _____

Driver License Expiration Date: _____

Work Phone: _____

Supervisor's Name: _____

Supervisor's Signature: _____

Motor Pool Location:

☐ DAS General Services Division,
4200 Surface Road.
(GSD/Surface Road Employees Only)

☐ State Office Tower,
30 East Broad Street.

☐ Other: _____ (Specify)

Email completed form to: DASFleet@das.ohio.gov

Please Note: Submitted requests will be processed weekly.

To ensure timely processing, the Operator ID request forms must be submitted 24 hours prior to travel.