

FLEET ASSET CERTIFICATION

Fiscal Year 2014

I certify that _____ *Agency Name* _____ has _____ *Number* _____ active vehicles and _____ *Number* _____ active licensed trailers as of _____ *Date Completed* _____ and that this is accurately reflected in the Department of Administrative Services' FleetOhio Application.

Print Name

Title

Signature

Date

Telephone Number

Fax Number
