



Vehicle Location Designation

Section 1 - Vehicle Information

New Revision

Agency: Request Date: Date Submitted:

Equipment ID: VIN Number:

Reason for Request:

Section 2 - New Vehicle Location Information

Assigned Repair Location Code:

Assigned Repair Location Name:

Section 3 - Vehicle Location Change Information (*To be completed by Transferring Location)

Current Assigned Repair Location Code:

Current Location Name:

Transferred By: Job Title: Date:

Note: Please forward a copy of the form to the receiving location

Section 4 - Vehicle Location Change Information (*To be completed by Receiving Location)

New Assigned Repair Location Code:

New Location Name:

Received By: Job Title: Date:

Note: Please forward the completed form to DASFleet@das.ohio.gov

OFM Use Only:

Update Fleet Ohio Update Fleet Commander File in Electronic Vehicle File Notify Requestor

Completed By: _____ Date: _____



Vehicle Location Designation Change Request

INSTRUCTIONS

The following are instructions on how to complete the Vehicle Location Designation Form (Form OFMFRM0005). This form will need to be completed for all new vehicles and for any physical location and/or billing location changes to be made throughout the life of the vehicle. The changes requested on this form will prompt updates to the vehicle in both Fleet Ohio and Fleet Commander and will affect billing for the vehicle.

Sections:

- Section 1 – Vehicle Information
- Section 2 – New Vehicle Location Information
- Section 3 – Vehicle Location Change Information (Transferring Agency / Department)
- Section 4 – Vehicle Location Change Information (Receiving Agency / Department)

1. Determine whether the request is for a **new vehicle** or a **location revision of an existing fleet vehicle**.
2. For New Vehicles:
 - a. Select New
 - b. Complete all fields in sections 1 and 2 of the form
 - c. Leave sections 3 and 4 blank
 - d. Submit electronic form to DASFleet@das.ohio.gov for approval
3. For Existing Vehicles:
 - a. Select Change
 - b. The Transferring Agency/Department will complete sections 1 and 3 of the form
 - c. Transferring Agency/Department will then forward the form to the Receiving Agency/Department
 - d. Receiving Agency/Department will complete section 4 only
 - e. Receiving Agency / Department will submit electronic form to DASFleet@das.ohio.gov for approval
4. DAS/Office of Fleet Management will update Fleet Ohio and Fleet Commander with the indicated location changes

For location changes of existing vehicles, please be advised that the change request will not be processed unless it is authorized by both the Transferring and Receiving Agency/Department.

Once the change request has been processed, the requestor(s) will be notified, and a finalized copy of the request will be sent.

Should you require assistance with this process, please contact DAS/Office of Fleet Management at:

- Phone: 1-614-466-6607
- Toll Free: 1-800-686-1521
- DASFleet@das.ohio.gov