



**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
- State Office Tower (SOT)  
30 East Broad Street
- William Green  
30 West Spring Street
- Other: \_\_\_\_\_ (Specify)

Email completed form to: [DASFleet@das.ohio.gov](mailto:DASFleet@das.ohio.gov)

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

**(Proof of a valid Driver's License must be provided)**