



### Agency Fleet Manager/Coordinator Assignment Form

Agencies having or seeking delegated fleet management authority must designate a Fleet Manager who is responsible for overseeing the operation of the agency fleet. If your agency is seeking delegated fleet management authority, please complete the following section.

**Agency:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Fleet Manager**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Fleet Manager Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

CAFM enrollment date: \_\_\_\_\_

CAFM graduation date: \_\_\_\_\_

**Back-up**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Agency Authorization: \_\_\_\_\_  
(Signature of Director or designee)

Agencies participating in the DAS Managed Fleet Program must designate a Fleet Coordinator to work with the DAS Office of Fleet Management.

**Fleet Coordinator**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Agency Authorization: \_\_\_\_\_  
(Signature of Director or designee)

For Office of Fleet Management Use Only  
Approved: \_\_\_\_\_ Date: \_\_\_\_\_