

CHECK ONE BOX ONLY

Accounting Change

Driver Change

DEPARTMENT AND DRIVER INFORMATION

Notify DAS Fleet Services immediately of any changes in assignment. Use this form to ensure information is kept current.

Vehicle No: _____

Accounting string to be charged: _____

Agency Name: _____ Agency No: _____

Driver Name: _____

Driver License No: _____ Issuing State: _____

Official Work Address: _____ Check if this is your personal address

Official Work City, State, Zip Code: _____ County: _____

Driver's Work Phone No: _____ Driver's Work Cell Phone No: _____

I hereby acknowledge responsibility for operating this vehicle in accordance with the policies contained in the Fleet Services Policies and Procedures Manual and rules in Chapter 103 of the Administrative Code. I agree to maintain and operate this State of Iowa vehicle in a conscientious manner.

Driver's Signature: _____ Date: _____

Display Digital Signature Hide Digital Signature

I hereby request the use of a state vehicle for conducting state business within the scope of my agency. I realize my agency is responsible for the care and proper maintenance of this vehicle and insuring that this vehicle is operated in accordance with the published code and administrative rules.

Departmental Authorization: _____ Date: _____

Display Digital Signature Hide Digital Signature

Vehicle Information Date: _____ If reregistration, old vehicle number: _____

Vehicle Year: _____ Make: _____ Model: _____ Odometer: _____

VIN: _____ License Plate Number: _____

Unassigned Retire Salvage/Accident _____

Completed by: _____

Please email completed form to: VAFmailbox@das.iowa.gov