IOWA | Department of Administrative Services

State of Iowa Vehicle Assignment Form

Central Procurement & Fleet Services Enterprise

Vehicle No: _____

Vehicle Action	Accounting Information
☐ Accounting Change	Old Accounting Information (Edas): _____
☐ Driver Change	New Accounting Information (Edas):

Vehicle Information
Year:
Make:
Model:
VIN:
Odometer:
If re-registration, old Vehicle Number:

Department and Driver Information	
Agency Name:	Agency No:
Driver Name:	Driver License No:
Driver Email:	Driver Phone No:
Official Work Address:	
Official Work City, State, Zip:	
County:	EDAS Code(4-Digit):
Driver Certification *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 safe and conscientious manner.*	
Driver Signature:	Department Signature:

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