



# State of Iowa Vehicle Assignment Form

## Central Procurement & Fleet Services Enterprise

No: \_\_\_\_\_

CHECK ONE BOX ONLY

Accounting Change  
Driver Change

DNR ONLY

Summer Activation  
(complete form to dotted line)  
Summer Deactivation  
(complete Return portion)

### 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: \_\_\_\_\_

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*

### FLEET USE ONLY

**ISSUE**      Date: \_\_\_\_\_      If reregistration, old vehicle number: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Odometer: \_\_\_\_\_

VIN: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

**RETURN**      Date: \_\_\_\_\_      Vehicle number: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Odometer: \_\_\_\_\_

VIN: \_\_\_\_\_

Unassigned    Retire    Salvage/Accident \_\_\_\_\_      Completed by: \_\_\_\_\_

Please email completed form to: [VAFmailbox@iowa.gov](mailto:VAFmailbox@iowa.gov)