



NOTE: This form must be completed, signed by the agency, and submitted:

emailed (fleet.system@omes.ok.gov), or faxed (405) 525-2682, or hand delivered at:

OMES Fleet Management, 317 N.E. 31st Street, Suite A, Oklahoma City, OK 73105-4003

Agency Name: _____ Agency #: _____

Address: _____

Fleet Admin Contact Name: _____ Title: _____

Phone #: _____ Fax#: _____ Email: _____

Alternative Contact Name: _____ Title: _____

Phone #: _____ Fax#: _____ Email: _____

Universal Fleet Processes (vehicle owning and leasing agencies):

	No	Yes - attach	Yes – OMES
Duties/job description of the Fleet Manager / Administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor pool / shared vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles driven from residence to work (see also Form 022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver orientation and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental impact: use of alternative fuels, utilization, idling, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle Owning Agencies Fleet Processes:

Statute Authorizing Vehicle Acquisition: _____

Maintenance Schedule & service location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fleet Card: fuel purchasing, PIN management, authorization levels, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decals / markings and numbering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle replacement thresholds (mileage, age, condition, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle surplus process (using OMES State Surplus, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

The information provided in this report is true and correct to the best of my knowledge.

Agency Fleet Administrator Signature

Date