

# State of Oregon DAS Statewide Fleet Administration

## Request to Transfer Driver/Change Information - Form 07-012 Long-term or Seasonal

Requested By	Agency Name	Six-digit Agency Number	Date of Request
			Effective Date

**Please specify purpose of request** (If your request pertains to more than 1 vehicle, list all vehicle license plate numbers in section B)

- Transfer assignment of vehicle license # \_\_\_\_\_ to another driver/agency contact (fill out sections A and D)
- Change cost center for vehicle license # \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (fill out section D)
- Change agency number for vehicle license # \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (fill out sections A and D)
- Change address of current driver/agency contact for vehicle license # \_\_\_\_\_ (fill out sections A and D)
- Change phone number of current driver/agency contact for vehicle license # \_\_\_\_\_ (fill out sections A and D)

Driver/Agency Contact (last name, first name)	Division/Unit	Driver's License #	State
Office Mailing Address	City	State	ZIP
Office Physical Address (if different from above)	City	State	ZIP
E-mail Address	Office Phone Number	Office Fax Number	

If your request pertains to more than 1 vehicle, list the vehicle license plate numbers in the area provided below

**REQUESTING AGENCY APPROVAL**

Type or Print Name	Title	Signature
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**MOTOR POOL USE ONLY**

	Pool <b>S P E</b>	Date to Pending	Transfer Date	Manager Approval
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