

Agency Update (Driver/Billing Information)
 New Assignment (OFAM Use Only)

Driver Information

Department/Agency		Division/Unit/Office		Agency Billing Code / CAN	
Name		Driver's License Number	Expiration Date	A-Card # (required for Non-Exempt vehicle)	
Office Address		Room Number	City	Zip	
Office Phone		Work Cell Phone	Work Email Address		
Supervisor		Supervisor Phone	Fleet Coordinator		

Current or Returning Vehicle Information

Equipment Number		License Plate Number	VIN	Fleet Card Number	
Vehicle Year (YYYY)	Make	Model	Color	Mileage	

I understand and agree to the following:

- I am responsible for paying all parking tickets and moving violations issued while operating a State vehicle. Failure to comply with this policy may result in a payroll deduction for the full amount from the next applicable pay period.
- I further agree to all policies and procedures as set forth in the [DGS-OFAM Handbook](#).

Driver's Name (Printed)	Signature	Date	Time
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For OFAM Use Only

New/Deploying Vehicle Information

Equipment Number		License Plate Number	VIN	Fleet Card Number	
Vehicle Year (YYYY)	Make	Model	Color	Current Mileage	
FAP	New Business	Unanticipated Loss	Temp Long Term Lease	FAP Fiscal Year (YY/YY)	
Released by			Date		

Notes (vehicle condition, etc.)

Send signed OFAM 507 forms to:

Service Portal: <https://dgs.service-now.com/ofamfs>