

**STATE FLEET CARD ANNUAL CERTIFICATION**

DGS OFAM 003 (Revised 08/2019)

Department Name		
Fleet Coordinator Name	Email	Phone Number

By checking this box, I certify that the above-named department has implemented the set of policies and procedures as required by the State Fleet Card Oversight Usage and Responsibilities document to effectively administer and oversee the State Fleet Card Program to help prevent abusive fleet card practices, including fraud and waste.

Department Director or Designee Name	Title
Signature	Date