

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

Driver Information

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

Current or Returning Vehicle Information

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

By checking this box, I state that I understand and agree to the following:

- I am responsible for paying all bridge/highway tolls and will be held financially accountable for toll evasion fines, as well as 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 for in the DGS OFAM State Fleet Handbook.

Driver's Name (Type or Print)		Signature		Date	Time
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OFAM USE ONLY

New/Deploying Vehicle Information

Equipment Number	License Plate Number	VIN		Voyager Card Number
Vehicle Year (YYYY)	Make	Model	Color	Current Mileage
				FAP Fiscal Year (YY/YY)
FAP	New Business	Unanticipated Loss	Temp Long Term Lease	
Released by			Date	
Notes (vehicle condition, etc.)				

Send signed OFAM 507 form to:

Fax: (916) 376-6356

OR

Email: FleetServices@dgs.ca.gov