

STATE OF IOWA  
DEPARTMENT OF GENERAL SERVICES  
FLEET AND MAIL DIVISION  
**VEHICLE ASSIGNMENT FORM**

ACTION: CHECK ONE BOX ONLY

Replacement   
Reregistration

Return   
Driver Change

New and Additional Vehicle

Vehicle No. \_\_\_\_\_ VIN No. \_\_\_\_\_

Credit Card No. \_\_\_\_\_ If reregistration, old vehicle no. \_\_\_\_\_

DEPARTMENT AND DRIVER INFORMATION

The Fleet and Mail Division must be notified immediately on this form of any changes in assignment. This information shall be current.

Agency Name \_\_\_\_\_

Accounting Code to be Charged \_\_\_\_\_

Location: Individual Assignment  Departmental Pool Assignment

Driver Name \_\_\_\_\_

(If departmental pool vehicle, please provide authorized responsible individual.)

Drivers License No. \_\_\_\_\_ Driver's Official Domicile \_\_\_\_\_

Domicile Address \_\_\_\_\_

Driver's Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Describe Primary Vehicle Use and Counties in Territory \_\_\_\_\_

Anticipated Annual Mileage \_\_\_\_\_

I hereby acknowledge responsibility for operating this vehicle in accordance with the policies contained in the Fleet Operations Manual, Fleet Maintenance and Repair Manual, and rules contained in Chapter 401, Iowa Administrative Code. I agree to maintain and operate this State of Iowa vehicle in a conscientious manner.

Driver's Signature \_\_\_\_\_

I hereby request the use of a state vehicle for conducting state business within the scope of my agency. I realize my agency is responsible for the care and proper maintenance of this vehicle and insuring that this vehicle is operated in accordance with the published policies and administrative rules.

Department Authorization \_\_\_\_\_ Date \_\_\_\_\_

DO NOT COMPLETE THE REMAINDER OF FORM. TO BE FILLED IN BY FLEET AND MAIL DIVISION.

ISSUE \_\_\_\_\_ Date \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Style \_\_\_\_\_ Odometer \_\_\_\_\_ Key No. \_\_\_\_\_

PS  CC  TSW  AT  MT  Engine Type & Size \_\_\_\_\_

AC  Radio \_\_\_\_\_ Drive Type \_\_\_\_\_ Misc. \_\_\_\_\_

Issued by: \_\_\_\_\_

RETURN \_\_\_\_\_ Date \_\_\_\_\_

Vehicle No. \_\_\_\_\_ VIN Returned \_\_\_\_\_

Odometer \_\_\_\_\_

Location: Auction  Unassigned  Accident/Salvage

Received by: \_\_\_\_\_