

**Oregon Department of Administrative Services
Statewide Fleet Administration**

WeCar Request & Authorization Form

Requested By	Agency Name	Division or Unit	Six-digit Agency Number	Date of Request
			Cost Center or Billing Number	

Driver/Agency Contact Information:			
Driver/Agency Contact Name (last name, first name) – VEHICLE WILL BE ASSIGNED TO THIS PERSON			
Driver/Agency Contact Office Mailing Address	City	State	ZIP
Driver/Agency Contact Office Physical Address (if different from above)	City	State	ZIP
E-mail Address	Office Phone Number	Office Fax Number	

Driver/Agency Contact Certification:		
I understand only state employees are authorized to drive this vehicle for official business and that my agency is responsible to ensure all drivers will operate it in conformance with all applicable laws, rules, and regulations. Failure to perform these responsibilities can result in suspension of official vehicle use privileges. DAS Statewide Fleet Management policy can be viewed or downloaded at http://www.oregon.gov/DAS/SSD/FLEET/policies.shtml .		
Type or Print Name	Title	Signature
REQUESTING AGENCY APPROVAL		
Type or Print Name	Title	Signature
OR <input type="checkbox"/>	I certify I have delegated authority to sign up for and approve purchase of We Car services.	

You must bring this completed form to the Membership Drive event on April 20th to Sign up for WeCar. After April 20th, Please fax this form to Trevor Yates at 503-316-9055