

**State of Oregon**  
**Request to Transfer Driver / Change Information**

Long-term or Seasonal Vehicle - Form 07-012

<i>Form Completed By</i>	Agency Name	Division or Unit	Six-digit Agency Number	Date of Request
<i>Phone #</i>				Effective Date

**Please specify purpose of request** (If your request pertains to more than one vehicle, list all vehicle license plate numbers in section B)

- Transfer assignment of vehicle license # \_\_\_\_\_ to another driver/agency contact (fill out sections A and D)
- This vehicle transfer is to increase miles driven on an underutilized vehicle
- Change cost center for vehicle license # \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (fill out section D)
- Change agency number for vehicle license # \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (fill out sections A and D)
- Change address of current driver/agency contact for vehicle license # \_\_\_\_\_ (fill out sections A and D)
- Change phone number of current driver/agency contact for vehicle license # \_\_\_\_\_ (fill out sections A and D)

Driver/Agency Contact Name (last name, first name) – VEHICLE WILL BE/IS ASSIGNED TO THIS PERSON		Driver License # - <b>LAST 4 DIGITS ONLY</b>		State
Driver/Agency Contact Office Physical Address		City	State	ZIP
<b>A</b>	Driver/Agency Contact Office Mailing Address (if different from above)	City	State	ZIP
Email – (all electronic correspondence will be sent to this address)		Office Phone Number	MOBILE Phone Number	

**If your request pertains to more than one vehicle, list the vehicle license plate numbers in the area provided below.**

**B**

**C**

Additional Information

**REQUESTING AGENCY APPROVAL**

<b>D</b>	Name	Title	Signature
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**MOTOR POOL USE ONLY**

Date to Pending	Transfer Date	Manager Approval
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