

State of Oregon Request to Transfer Driver / Change Information

Fleet & Parking Services 1100 Airport Rd SE Salem, OR 97301-6082 503-378-4377 503-378-5813 fax

fleet.office@das.oregon.gov www.oregon.gov/DAS/FleetPark

Long-term or Seasonal Vehicle - Form 07-012

	готи сотрівсей ву	Below	Below	nit for venicle(s) Listed	Vehide(s) I	Listed Below	oning	Date of Request	
	Phone #							Effective Date for Billing	
	Agency Vehicle Contact Name (Last name, First name, MI) Check this box to confirm this is a permanent employee: Driver License# LAST 4 D						IGITS ONLY	State	
	Mailing Address for Vehicle Contact			City		State ZIP			
Α									
	Email (all auto electronic correspondence will be sent to this address)			DIRECT Work Phone Number	MOBILE Phon	o Nun	nhor		
	Lines (an auto dicetionic correspondence win be sent to this address)			DIRECT WORKTHONE NUMBER	PIODIEL THOM	ic ivuii	ildei		
To update contact information to the above, list all vehicle plate numbers and the vehicle physical address location for each plate									
	To apacte contact mornie	radir to the above, not an vernere p	nate mambers	dia the vernoe priyolear a	uui 055 100	adon for each	place	Below	
В									
	To update cost center, list ALL vehicle plate numbers, ALL new cost centers and vehicle address for each plate number below. These vehicles will be								
	assigned to the contact information indicated in section A above:								
С									
	REQUESTING AGENCY APPROVAL								
	Name	Title			Signature				
-	MOTOR POOL USE ONLY								
	Date to Pending	Manager Approval							
	j	Transfer							