

State of Oregon
Request to Transfer Driver / Change Information

Long-term or Seasonal Vehicle - Form 07-012

| | | | | |
|--------------------------|---|--|---|----------------------------|
| <i>Form Completed By</i> | Agency Name for Vehicle(s) Listed Below | Division or Unit for Vehicle(s) Listed Below | Six-digit Agency Number for Billing Vehicle(s) Listed Below | Date of Request |
| <i>Phone #</i> | | | | Effective Date for Billing |

| | | | | |
|---|--|---|-------|-------|
| Agency Vehicle Contact Name (Last name, First name, MI) <input type="checkbox"/> Check this box to confirm this is a permanent employee: <input type="checkbox"/> | | Driver License# LAST 4 DIGITS ONLY | | State |
| Mailing Address for Vehicle Contact | | City | State | ZIP |
| Email (all auto electronic correspondence will be sent to this address) | DIRECT Work Phone Number / Ext. | MOBILE Phone Number | | |

To update contact information to the above, list all vehicle plate numbers and the vehicle physical address location for each plate below:

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:

| REQUESTING AGENCY APPROVAL | | |
|----------------------------|---------------|------------------|
| Name | Title | Signature |
| MOTOR POOL USE ONLY | | |
| Date to Pending | Transfer Date | Manager Approval |