

VEHICLE INVENTORY CHANGE REPORT

To: Vehicle Administration Division Bureau of Vehicle Management 2221 Forster St.	REQUESTED BY: (Department, Board or Commission)	EFFECTIVE DATE
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Equipment Number		-		-		License Plate Number	
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CREDIT CARD REQUEST

Part I <input type="checkbox"/> Coding Change <input type="checkbox"/> Replacement of Lost/Stolen Credit Card <input type="checkbox"/> Replacement of Defaced Credit Card <input type="checkbox"/> Other _____	OLD CODING / NON-SAP: BA # (DEPT #) _____	Org # _____	Budget Period _____	
	OLD SAP CODING Fund _____	Cost Center _____	Internal Order _____	
	OLD CREDIT CARD ACCT # _____			
	NEW CODING/NON-SAP: BA# (DEPT #) _____	Org # _____	Budget Period _____	
	NEW SAP CODING Fund _____	Cost Center _____	Internal Order _____	
	NEW CREDIT CARD ACCT # _____			

Part II - DRIVER'S INFORMATION			Did Driver transfer from another agency? _____ Yes _____ No If yes, what Agency _____	
<input type="checkbox"/> Vehicle Operator	<input type="checkbox"/> Executive Vehicle	<input type="checkbox"/> New Driver / Employee	Operator's Job Title _____	
<input type="checkbox"/> Location Change	<input type="checkbox"/> Executive Driver	<input type="checkbox"/> Controlled Exec Driver		
Driver's Name	(First Name) _____	(Last Name) _____		
Dispatcher's Name If Pool	(First Name) _____	(Last Name) _____		
Driver's Operator License Number	_____		Driver's Employee Number	_____

Vehicle Day Time Location:
 Street, Town or City Address _____

County Name _____ Zip Code _____ Home Work Pool Vehicle

Vehicle Overnight Location:
 Street, Town or City Address _____

County Name _____ Zip Code _____ Home Work Pool Vehicle

Part III - LICENSE / REGISTRATION / PLATE REQUESTS / INSURANCE CARD / WEIGHT CLASS STICKER

<input type="checkbox"/> Assignment of License Plate (Attach Form GSV-95 for Confidential License Plate).	<input type="checkbox"/> Confidential or PA to Fictitious	<input type="checkbox"/> Request for Duplicate _____ Registration _____ Sticker	Renewal Sticker Date _____
<input type="checkbox"/> Defaced License Plate. Issue New Plate to Replace Plate Number.	<input type="checkbox"/> Fictitious to _____ Confidential or _____ PA	<input type="checkbox"/> Insurance Card	
<input type="checkbox"/> PA to Confidential <input type="checkbox"/> Confidential to PA	<input type="checkbox"/> For Lost License Plate	<input type="checkbox"/> Duplicate Weight Class Sticker # _____	

VEHICLE ADMINISTRATION USE ONLY

Year	Make	Model	New License Plate Number	Credit Card Coding
Lic. Plate	Date Ordered	Date Received		
Serial Number	Title Number			
Card Number:				

Signature (Automotive Liaison) _____ Date _____