

Needs PIN

Does not need PIN

Agency: \_\_\_\_\_

County: Please Check Below

New Castle  Kent  Sussex



## AUTHORIZED DRIVER DESIGNATION APPLICATION GROUP HOME ONLY

INSTRUCTIONS: Only authorized employees may lease vehicles from the Office of Fleet Services for official state business. Rental vehicle charges will be processed according to the information given below unless Fleet Services is directed otherwise. Information must be updated by agencies as needed.

**Forms submitted complete and without errors, will be processed in 5-7 business days from date of receipt. Once your information is entered into the database, you will be advised of your status as an authorized driver in the Fleet Services system.**

**This document is an interactive PDF. Please complete this form using Adobe Reader. Items marked in Red are required to complete this form. When complete, please print for signatures.**

- New Driver
- Update Driver Information
- Status Change
- Suspend/Terminate Privileges

*FLEET SERVICES ONLY:*

**The following information is required in accordance with the  
State of Delaware Motor Vehicle Record Policy:**

**Driver's Full Name** (use your "proper name" as it appears on Driver's License):

\_\_\_\_\_

Last
First
MI

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**License Classification:** \_\_\_\_\_ **Expiration Date:** (mm/dd/yy) \_\_\_\_\_

**License Endorsements:** (check all that apply)

- H    N    O    P    Q    R    T    X    M    S    Z    None

**License Restrictions:** (check all that apply)

- B    C    D    E    F    G    I    J    K    L    V    W    Y    None

**I agree to comply with the guidelines specified in the Fleet Handbook.  
I further understand that the vehicle I am driving may be monitored electronically at any time at Fleet Services' discretion.**

**Supervisor:**

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Supervisor's E-Mail Address: \_\_\_\_\_

**Driver's Business Information:**

Driver's Work Address 1: \_\_\_\_\_

Driver's Work Address 2: \_\_\_\_\_

Driver's Work City: \_\_\_\_\_

Driver's Business E-Mail Address: \_\_\_\_\_

Driver's Work Phone: \_\_\_\_\_

Driver's D/D/S Billing Code: (This is a 6 digit code which can be obtained from your Accounting Office)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

By my signature I certify that I am legally licensed, as recognized by the Division of Motor Vehicles, to operate a vehicle on Delaware highways, and that I must maintain that license to remain an authorized driver in the Fleet Services System. It is understood my driver's license status will be checked on a regular basis to verify active status. I acknowledge that the vehicle I am driving may be monitored electronically any time at Fleet Services' discretion.

\_\_\_\_\_  
Driver's (Applicant) Signature

\_\_\_\_\_  
Date

**Authorized Reviewer (Division Director/Agency Head/Fiscal Officer):**

Authorized Reviewer's Name: \_\_\_\_\_

Authorized Reviewer's E-Mail Address: \_\_\_\_\_

Authorized Reviewer's Phone Number: \_\_\_\_\_

**REVIEWED BY REQUESTING DIVISION DIRECTOR/AGENCY HEAD/FISCAL OFFICER:**

By my signature I certify that I am authorized to expend funds from the funding source noted above. I further understand that I am also obligated to provide a valid coding strip to the Office of Fleet Services for electronic billing purposes.

\_\_\_\_\_  
Signature of Requesting Division Director/Agency Head/Fiscal Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Please print this form** (you can also save this document for your files),  
**obtain the required signatures and send to:**

**FAX: 302-739-5450**

**EMAIL: [FLEETRESERVATIONS@DELAWARE.GOV](mailto:FLEETRESERVATIONS@DELAWARE.GOV)**

Office of Fleet Services  
100 Enterprise Place, Suite 4, Dover, DE 19904  
**SLC: D100**

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**This Section for Fleet Services Use Only**

APPROVED:

\_\_\_\_\_  
Fleet Administrator/Designee

\_\_\_\_\_  
Date