RISK, INSURANCE & FLEET MANAGEMENT (RI&FM) – FLEET INVENTORY FORM FOR AGENCIES NOT USING THE SELF SERVE MODULE

AGENCY CODE: _____ **AGENCY FLEET COORDINATOR**: _____ **FLEET COORDINATOR PHONE NUMBER**: _____

Must Select One Entry Type: ☐ New Vehicle ☐ Remove Vehicle ☐ Update Vehicle

Must Select One Insurance Type: ☐ Self Insured Vehicle ☐ Insured Vehicle

Self Insured Vehicle: Vehicle is covered for liability only through the Self Retained Auto Program (SRAP) – RI&FM administers the state based program set forth in NYS Executive Law, Article 10, Section 203. This coverage applies to most agencies.
Insured Vehicle: Vehicle is covered for liability and/or comprehensive & collision according to NYS Vehicle and Traffic Law through an automobile insurance policy – RI&FM procures the coverage through a contracted insurance broker and insurance carrier for state entities that are contractually or otherwise obligated, or not eligible to participate in the SRAP. This coverage applies to certain agencies.

FOR INSURED VEHICLES ONLY (Do not fill out if vehicle is Self Insured): PROVIDE VEHICLE REGISTRATION NAME AND ADDRESS FOR INSURANCE ID CARD

Y OR N *REQUESTING NYS FUEL CREDIT CARD?* IF YES, SUBMIT REQUEST, REPLACE OR DEACTIVATE CARD FORM (CS907) TO FLEET MANAGEMENT

Y OR N *PLATE TRANSFER?* IF YES, ENTER VIN OF PREVIOUS VEHICLE BELOW (Must Be 17 Digits)

STATE ID OR VEHICLE ID	LICENSE PLATE (If Different From ID Number)	VEHICLE MODEL YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE IDENTIFICATION NUMBER (VIN) (Must Be 17 Digits)	FUEL TYPE **(1)**	ENGINE DESIGNATION **(2)**

VEHICLE LOCATION COUNTY	VEHICLE LOCATION CITY	ACQUISITION ODOMETER	DATE STATE ACQUIRED	METHOD OF PAYMENT (If Applies) **(3)**	DOB BPRM D750 CLASS **(4)**	CLIENT INTERNAL CODE (If Applies) **(5)**	REMOVAL DATE	IS VEHICLE GOING THROUGH THE STATE SURPLUS PROPERTY PROGRAM? Y OR N

REFERENCES:

1	**FUEL TYPE:** Unleaded - (**UL**), Unleaded & Ethanol - (**UL/E85**), Diesel - (**DL**), CNG - (**CNG**), Unleaded & CNG - (**UL/CNG**), Diesel & CNG - (**DL/CNG**), Unleaded & Propane - (**UL/LP**), Electric, Hybrid, Hydrogen, Propane, Diesel & Electric - (**DL/EL**)
2	**ENGINE DESIGNATION**: Dedicated, Bi-Fuel, Flex Fuel, Hybrid, Plug-in Hybrid, NEV Dedicated
3	**METHOD OF PAYMENT:** Outright Purchase - (**OP**), Commercial Lease - (**CL**), Lease/Purchase - (**LP**), Certificate of Participation - (**COP**), Seized or Donated - (**SD**)
4	**DOB CLASS: (I) -** Subcompacts/Compact, **(II) -** Station Wagons/Light Duty Pickups, **(IIA) -** Sport Utility Vehicles, **(III) -** Passenger Vans, **(IV**) - Mid/Full-Size Sedans
5	**CLIENT INTERNAL CODE:** This is an agency assigned number or code that is used by the agency for its own internal vehicle identification purposes.

Form may be submitted to Fleet Management at: Fleet.Admin@ogs.ny.gov or Fax: 518-457-7263 or Insurance at: BRIM@ogs.ny.gov or Fax: 518-474-7867.

Dated: 7/30/13