



Fleet Inventory Form for Agencies Using the Self-Serve Module

Instructions: Fill out this form and email to: OGS.sm.Fleet.Admin@ogs.ny.gov; or fax to: 518-457-7263

Agency Code	Agency Fleet Coordinator	Phone Number
Select Entry Type <input type="radio"/> Remove Vehicle <input type="radio"/> Update Vehicle	Select Insurance Type <input type="radio"/> Self-Insured Vehicle: Vehicle is covered for liability only through the Self-Retained Auto Program (SRAP) – OGS Fleet Management administers the state-based program set forth in NYS Executive Law, Article 10, Section 203. This coverage applies to most agencies. <input type="radio"/> Insured Vehicle: Vehicle is covered for liability and/or comprehensive & collision according to NYS Vehicle and Traffic Law through an automobile insurance policy – OGS Bureau of Risk & Insurance Management 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.	

Requesting NYS Fuel Card?
 No Yes: If yes, submit a Request, Replace or Deactivate Card form to OGS Fleet Management

Complete the Following to REMOVE Vehicle

State ID or Vehicle ID	License Plate (if different from ID #)	Vehicle Make	Vehicle Model	Removal Date
Vehicle Identification Number (VIN) 17 digits		Removal Method <input type="radio"/> S - Surplus <input type="radio"/> L - Lease End <input type="radio"/> Other - Specify →		

Complete the Following to UPDATE Vehicle

State ID or Vehicle ID	License Plate (if different from ID #)	Vehicle Make	Vehicle Model	Change Date
Vehicle Identification Number (VIN) 17 digits		Select Change Type Agency Facility Change Insurance Type Change License Plate Change Vehicle Data Change		

Specify Information to be Updated:

Current	Update
1	
2	
3	
4	
5	