

## 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 Remove Vehicle Update Vehicle	Select Insurance Type   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.   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   S - Surplus L - Lease End Other - Specify						
Complete the Following to UPDATE Vehicle						
State ID or Vehicle ID Lice		Plate (if different from ID #)	Vehicle Make	Vehicle Model		Change Date
Vehicle Identification Number (VIN) 17 digits		s Select Change Type	Select Change Type			
		Agency Facility C	Agency Facility Change Insurance Type Change License Plate Change			Vehicle Data Change
Specify Information to be Updated:						
Current Update						
1						
2						
3						
4						
5						