NEW YORK STATE OF OPPORTUNITY. | **Office of General Services**

Office of General Services
Fleet Management
ogs.sm.AcctMgmt.NYFleet@ogs.ny.gov
Phone: 518-457-1744
Fax: 518-457-7263

NYS Fleet Management System User Request Form

Instructions: This is a fillable form. This request must be signed and submitted by the agency fleet coordinator. Please retain a copy for your records. Upon approval, the end user will receive a username and password directly from Fleet Management. Please allow up to two weeks to receive user credentials.

For all new user access requests, all fields of Section 1, except the SFS code, are mandatory. If the request is to change or delete a user's access, only the User's Name, Organization/Agency Code and Email Address fields are required.

Section 1: User Information - Please fill in all the fields below

User First Name	User Last Name	Phone Number (area code/number/ext.)	Email
		- - x	

Organization Name		Agency Code	SFS Code

Office Address	City	State	Zip

To attach a user to multiple facilities within your agency, please submit a list of corresponding agency codes here:

Section 2: OGS User Account - Please select the appropriate check box(s).

The NYS Fleet Management System requires the creation of an OGS user account. OGS requires that the last five (5) digits of the user's NY Drivers ID for userid management purposes.

NY Drivers ID last five (5) digits:

New User Request - Select one role below.	**Change User Request** - Select one role below.
Fleet Transportation Coordinator (Select this role if the user will add, change or delete agency vehicle information.)	Fleet Transportation Coordinator (Select this role if the user will add, change or delete agency vehicle information.)
Manual Fuel Entry — DOT users only	Manual Fuel Entry — DOT users only
Special Access (This role typically is for Auditors and requires higher level approvals prior to form submission.)	Special Access (This role typically is for Auditors and requires higher level approvals prior to form submission.)

Delete User Request

Reason:

Authorizer's Information - You must be the designated organization's authorized representative for user account requests.

Participating Organization Name

Authorizer's Name	Date