



Fleet Inventory Form for Agencies Not 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 New Vehicle 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 Fleet 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. Insured Vehicles Only: Provide Vehicle Registration Name and Address for Insurance ID Card (do not fill out if vehicle is self-insured)			
Requesting NYS Fuel Card? No Yes: If yes, submit a Request, Replace or Deactivate Card form to OGS Fleet Management	Plate Transfer? If Yes, Enter VIN of Previous Vehicle (must be 17 digits) No Yes →			
State ID or Vehicle ID	License Plate (if different from ID #)	Vehicle Model Year	Vehicle Make	Vehicle Model
Vehicle Identification Number (VIN) 17 digits	Fuel Type		Engine Designation	
County	City	Acquisition Odometer	Date State Acquired	Method of Payment (if applies)
GV Weight	Seating Capacity	Tank Capacity		
Client Internal Code* (if applies)	Removal Date	Is the vehicle going through the State Surplus Property Program? No Yes		

*This is an agency-assigned number or code that is used by the agency for its own internal vehicle identification purposes.