



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.

Agency Code, Agency Fleet Coordinator, Phone Number, Select Entry Type, Select Insurance Type, Plate Transfer?, State ID or Vehicle ID, License Plate, Vehicle Model Year, Vehicle Make, Vehicle Model, Vehicle Identification Number (VIN), Fuel Type, Engine Designation, County, City, Acquisition Odometer, Date State Acquired, Method of Payment, GVWR Weight, Seating Capacity, Tank Capacity, Client Internal Code*, Removal Date, Is the vehicle going through the State Surplus Property Program?

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