



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.

Agency Code, Agency Fleet Coordinator, Phone Number

Select Entry Type: Remove Vehicle, Update Vehicle

Select Insurance Type: Self-Insured Vehicle, Insured Vehicle

Complete the Following to REMOVE Vehicle

State ID or Vehicle ID, License Plate, Vehicle Make, Vehicle Model, Removal Date

Vehicle Identification Number (VIN), Removal Method: S - Surplus, L - Lease End, Other - Specify

Complete the Following to UPDATE Vehicle

State ID or Vehicle ID, License Plate, Vehicle Make, Vehicle Model, Change Date

Vehicle Identification Number (VIN), Select Change Type: Agency Facility Change, Insurance Type Change, License Plate Change, Vehicle Data Change

Specify Information to be Updated: Current, Update, 1-5