



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

Form with fields: User First Name, User Last Name, Phone Number, Email, 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:

Form with two columns: New User Request and Change User Request, each with options: Fleet Transportation Coordinator, Manual Fuel Entry, Special Access

Delete User Request

Reason:

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

Participating Organization Name

Form with fields: Authorizer's Name, Date