



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: 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 Bureau of Risk & Insurance 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.				
Complete the Following to REMOVE Vehicle				
State ID or Vehicle ID	License Plate (if different from ID #)	Vehicle Make	Vehicle Model	Removal Date
Vehicle Identification Number (VIN) 17 digits	Removal Method			
	S - Surplus L - Lease End Other - Specify →			
Complete the Following to UPDATE Vehicle				
State ID or Vehicle ID	License Plate (if different from ID #)	Vehicle Make	Vehicle Model	Change Date
Vehicle Identification Number (VIN) 17 digits	Select Change Type			
	Agency Facility Change Insurance Type Change License Plate Change Vehicle Data Change			
Specify Information to be Updated:				
Current		Update		
1				
2				
3				
4				
5				