DEPARTMENT OF ADMINISTRATION
FLEET MANAGEMENT OFFICE
VEHICLE CHANGE REQUEST

CURRENT VEHICLE DESCRIPTION *(Complete all data elements. Required for all change/correction types.)*

YEAR: _____ **SERIAL #** _____ **LICENSE #:** _____

MAKE: _____ **MODEL:** _____ **COLOR:** _____

TYPE / VEHICLE: _____ **FUEL TYPE:** _____ **CLASS:** _____

CORRECTED VEHICLE DESCRIPTION *(Complete only those data elements to be changed/corrected.)*

YEAR: _____ **SERIAL #** _____ **LICENSE #:** _____

MAKE: _____ **MODEL:** _____ **COLOR:** _____

TYPE / VEHICLE: _____ **FUEL TYPE:** _____ **CLASS:** _____

CURRENT AGENCY ASSIGNMENT *(Complete all data elements.)*

DEPARTMENT: Administration **DIVISION:** 000 Scroll down to select billing code

VENDOR CODE: _____ **AGENCY CODE:** _____

CORRECTED AGENCY ASSIGNMENT *(Complete only those data elements to be changed/corrected.)*

DEPARTMENT: Administration **DIVISION:** 000 Scroll down to select billing code

VENDOR CODE: _____ **AGENCY CODE:** _____

CURRENT OPERATOR INFORMATION *(Complete all data elements.)*

OPERATOR NAME: _____ **OR ( ) MOTOR POOL:** _____

DMV LICENSE # (if you are the **assigned** operator): _____ **EXPIRATION DATE:** _____

PERSONNEL / WORK TITLE: _____

OFFICE PHONE: _____ **HOME / CELL PHONE:** _____

EMAIL ADDRESS: _____

Is vehicle **stored** on state owned / leased property? **YES** **NO**

VEHICLE STORAGE ADDRESS: _____

Is vehicle used to **commute** to or from **HOME** to **WORK?** ***YES** **NO**

*If **YES**, how many miles per day? _____ ***PLEASE NOTE**: This information MUST be reported to the IRS

CORRECTED OPERATOR INFORMATION *(Complete only those data elements to be changed/corrected.)*

OPERATOR NAME: _____ **( ) MOTOR POOL:** _____

DMV LICENSE # (if you are the **assigned** operator): _____ **EXPIRATION DATE:** _____

PERSONNEL / WORK TITLE: _____

OFFICE PHONE: _____ **HOME / CELL PHONE:** _____

EMAIL ADDRESS: _____

Is vehicle **stored** on state owned / leased property? **YES** **NO**

VEHICLE STORAGE ADDRESS: _____

Is vehicle used to **commute** to or from **HOME** to **WORK?** ***YES** **NO**

*If **YES**, how many miles per day? _____ ***PLEASE NOTE**: This information MUST be reported to the IRS

Form: DOA-FM-021 Revised (3 April 2011)
ENABLING STATUTE: WV Code §5A-3-48 through 5A-3-53
REGULATORY AUTHORIZATION: ***Code of State Rules*** 148 CSR 3