



**DEPARTMENT OF ADMINISTRATION  
FLEET MANAGEMENT OFFICE  
ADMINISTRATIVE FEE AGREEMENT**

**VEHICLE DESCRIPTION**

YEAR: \_\_\_\_\_ SERIAL # \_\_\_\_\_ LICENSE #: \_\_\_\_\_  
 MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_  
 TYPE / VEHICLE: \_\_\_\_\_ FUEL TYPE: \_\_\_\_\_ CLASS: \_\_\_\_\_

**RETIREMENT CRITERIA**

AGE OF VEHICLE: 2010 or older ODOMETER DISPLAY: 100,000 miles or higher

**ADMINISTRATIVE FEE ARRANGEMENTS**

START DATE: \_\_\_\_\_ FEE RATE: \_\_\_\_\_ TERM: \_\_\_\_\_

**SPENDING UNIT ASSIGNMENT**

DEPARTMENT: \_\_\_\_\_ AGENCY: \_\_\_\_\_  
 PURCHASE ORDER: \_\_\_\_\_

**DRIVER INFORMATION**

OPERATOR NAME: \_\_\_\_\_ OR MOTOR POOL: \_\_\_\_\_

DRIVER'S LICENSE # (if you are the assigned operator): \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DUTY 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 (one-way) per day? \_\_\_\_\_ \*PLEASE NOTE: This information MUST be reported to the IRS

**AGREEMENT**

This agreement is a multi-purpose form. It may be used for vehicle asset management, driver management, and employee fringe benefit reporting. By signing this form, the driver authorizes the Fleet Management Office to request driving records from state and federal motor vehicle and law enforcement agencies to perform assessments of insurability (suspended license), employability (does driver's position require him/her to possess a valid driver's license), and driver risk assessment (accidents, citations, and violations) for additional training. This authorization may be shared with my employer and remains effective during my employment with the State of West Virginia.

\_\_\_\_\_  
Driver Signature Date

\_\_\_\_\_  
Spending Unit Fleet Coordinator Signature Date

*Rcfarmer*

\_\_\_\_\_  
Fleet Management Office Signature Date