

The applicant is certified as an Emergency Vehicle Operator (EVO) and a copy of the driver's license and EVO card are attached to this form.

The applicant is a member of the Delaware Council on Police Training as defined in 11 Del. C. §8401(5).

I agree to comply with the guidelines specified in the Fleet Handbook.
I further understand that the vehicle I am driving may be monitored electronically at any time at Fleet Services' discretion.

Driver's Primary Work Address:

Address 1:

Address 2:

City/State/Zip:

Driver's Department ID: (This is a 9 digit code located in the "Hours and Earnings" section on your pay advice)

Driver's SLC:

Driver's D/D/S Billing Code: (This is a 6 digit code which can be obtained from your Accounting Office)

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Vehicle Source: Block (Agency) Pool (Reservations)

Select Driver Type:

Check here if employee requests to house vehicle at a location other than to the agency which it is assigned. (Complete and submit an application for Vehicle Housed at Residence).

Check here if employee requires a vehicle without "STATE OWNED" designation on license plate while using a State-owned vehicle. (Complete and submit an application for Exemption from "STATE OWNED" License Plate Designation).

By my signature I certify that I am legally licensed, as recognized by the Division of Motor Vehicles, to operate a vehicle on Delaware highways, and that I must maintain that license to remain an authorized driver in the Fleet Services System. It is understood my driver's license status will be checked on a regular basis to verify active status. I acknowledge that the vehicle I am driving may be monitored electronically any time at Fleet Services' discretion.

Driver's (Applicant) Signature

Date

Supervisor:

Supervisor's Name:

Supervisor's Phone: - - , Ext.

Supervisor's E-Mail Address:

Supervisor's SLC:

Authorized Reviewer (Division Director/Agency Head/Fiscal Officer):

Authorized Reviewer's Name:

Authorized Reviewer's E-Mail Address:

Authorized Reviewer's Phone Number: - - , Ext.

REVIEWED BY REQUESTING DIVISION DIRECTOR/AGENCY HEAD/FISCAL OFFICER:

By my signature I certify that I am authorized to expend funds from the funding source noted above. I further understand that I am also obligated to provide a valid coding strip to the Office of Fleet Services for electronic billing purposes.

Signature of Requesting Division Director/Agency Head/Fiscal Officer

Date

Title

Please print this form, obtain the required signatures, then scan and email to:

fleetreservations@state.de.us

Agencies that do not have the ability to scan and email may submit via:

State mail to D100

or

Fax: (302) 739-5450

This section for Fleet Services use only

APPROVED:

Fleet Administrator/Designee

Date

License Class Codes

New Class Code	Old Class Code	Description
D	A	Class D
CA	C	CDL Class A
CB	B	CDL Class B
CC	C	CDL Class C
DA	ADMIN	Denied License in Administration Office
DD	DOVER	Denied License in Dover Lane Office
DG	GTWN	Denied License in Georgetown Office
DN	NC	Denied License in New Castle Office
DW	WILM	Denied License in Wilmington Office
LP		Learner Permit
NA	C	Non-CDL A
NB	B	Non-CDL B
NO		None
OT		Other
PA	Z	Perm Non-CDL A
PB	Y	Perm Non-CDL B
PD	X	Perm Class D
T		Temporary License

Endorsement Codes

AAMVA Code	Private/CMV	Description
H	CMV	Hazardous Material
N	CMV	Tank Vehicle
O	CMV	Other
P	CMV	Passenger, All Commercial Motor Vehicle (CMV)
Q	CMV	Passenger, B and C CMV Only
R	CMV	Passenger, C CMV Only
T	CMV	Double/Triple Trailer
X	CMV	Tank and Hazmat
M	Both	Motorcycle
S	CMV	School Bus
Z	Both	Taxicab

Restriction Codes

AAMVA Code	Description
B	Corrective Lenses
C	Mechanical Aid
D	Prosthetic Aid
E	Auto Transmission
F	Outside Mirrors
G	Daylight Only
I	Limit – Other
J	Other
K	CDL Intrastate Only
L	CMV without Airbrakes
V	Ignition Interlock
W	Medical
Y	Convicted Sex Offender