

STATE OF DELAWARE OFFICE OF MANAGEMENT AND BUDGET OFFICE OF FLEET SERVICES

EXEMPTION FROM "STATE OWNED"

Covers Period: January 1, 2017 through December 31, 2017

INCOMPLETE FORMS CANNOT BE PROCESSED

NOTE: All State-Owned motor vehicles shall bear a license plate which carries the notation "STATE OWNED." Exemptions may be approved by the Director of the Office of Management and Budget, per 29, Del. C. §7107 that reads "All state-owned motor vehicles shall bear on the rear license plates issued by the Division of Motor Vehicles the notation "STATE OWNED." All state-owned boats shall bear prominent identification on the rear thereof identifying such boats as state-owned. The automobile used by the Governor, and law-enforcement vehicles and vessels of State agency law enforcement personnel covered under the provisions of the Delaware Council on Police Training, are exempted from the requirements of this section. Other exemptions from this section must be approved by the Director of the Office of Management and Budget."

DRIVER'S FULL NAME AND TITLE:	VEHICLE HOUSING LOCATION:
NAME:	
TITLE:	
EMPLOYEE I.D. NUMBER:	
DRIVER'S BUSINESS E-MAIL ADDRESS:	
Is the Driver a member of the Delaware Council on	
Police Training as defined in 11 Del. C. §8401(5)	
Police Training as defined in 11 <u>Dei. C.</u> 98401(3)	
YES NO	
125 116	
Check box that you have read the attached Fleet Service	s Policy No. VO-16, Registration/Identification
,	
Vahisla Lisansa Numbari	REQUESTING DEPARTMENT AGENCY:
Vehicle License Number:	REQUESTING DEPARTMENT AGENCY.
Vehicle Year/Make/Model:	
Verificie Tear/Iviake/Iviodei.	
CONTACT PERSON & BUSINESS E-MAIL ADDRESS:	
CONTACT PHONE NUMBER:	

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Describe the nature of investigative/surveillance/enforcem integrity of that investigation:	ent activities and the impact of a confidential tag on the
Describe any employee and/or vehicle/property security co	oncerns:
REVIEWED BY REQUESTING CABINET SECRETARY/AGENCY H	HEAD OR SUPERINTENDENT
Requesting Cabinet Secretary/Agency Head	Date
(PRINT NAME)	
FLEET SERVICES USE ONLY:	EFFECTIVE DATE (IF APPLICABLE):
APPROVED DECLINED	Director, Office of Management and Budget
	 Date