

Agency: \_\_\_\_\_  
 County: Please Check Below

New Castle	Kent	Sussex
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This document is an interactive PDF. All forms must be typed, or they will be rejected. Items marked in **Red** are required to complete this form. When complete, please print for signatures.

## AUTHORIZED DRIVER DESIGNATION APPLICATION GROUP HOME ONLY

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Forms submitted typed, complete and without errors will be processed in 7-10 business days from date of receipt. Once your information is entered into the database, your supervisor will be advised of your status as an authorized driver in the Fleet Services system.

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New Driver  
 Update Driver Information  
 Status Change  
 Suspend/Terminate Privileges

Need PIN
Does not need PIN

The following information is required in accordance with the  
 State of Delaware Motor Vehicle Record Policy:  
**Out of State Driver's License MUST PROVIDE COPY with APPLICATION**

**Driver's Full Name** (use your "proper name" as it appears on Driver's License):

\_\_\_\_\_

Last	First	MI
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**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**License Classification:** \_\_\_\_\_ **Expiration Date:** (mm/dd/yy) \_\_\_\_\_

**License Endorsements:** (check all that apply)

H      N      O      P      Q      R      T      X      M      S      Z      None

**License Restrictions:** (check all that apply)

B      C      D      E      F      G      I      J      K      L      V      W      Y      None

**Supervisor:**

**Supervisor's Name:** \_\_\_\_\_

**Supervisor's Phone Number:** \_\_\_\_\_

**Supervisor E-Mail Address:** \_\_\_\_\_

**Driver Information:**

Driver's Work Address \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I agree to comply with the guidelines specified in the Fleet Handbook. [fs-handbook.pdf \(delaware.gov\)](http://fs-handbook.pdf(delaware.gov))  
I further understand that the vehicle I am driving will be monitored electronically at all times at Fleet Services' discretion.

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 will be monitored electronically at all times at Fleet Services' discretion.**

\_\_\_\_\_  
DRIVERS SIGNATURE

\_\_\_\_\_  
DATE

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

Authorized Reviewer's Name \_\_\_\_\_

Authorized Reviewer's E-Mail Address \_\_\_\_\_

Authorized Reviewer's Phone Number \_\_\_\_\_

**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: REGIONAL DIRECTOR

**Please print this COMPLETED form** (you can also save this document for your files),  
**obtain the required signatures and email to:**

[FLEETRESERVATIONS@DELAWARE.GOV](mailto:FLEETRESERVATIONS@DELAWARE.GOV)

**This Section for Fleet Services Use Only**

APPROVED:

\_\_\_\_\_  
Fleet Administrator/Designee

\_\_\_\_\_  
Date