

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

**EXEMPTION FROM "STATE OWNED"** 

#### TYPED APPLICATIONS REQUIRED

#### 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 <u>Del. C.</u> §8401(5)	
YES NO	
123 110	
Check box that you have read the attached Fleet Service	s Policy No. VO-16, Registration/Identification
Vahiala Liaanaa Numban	REQUESTING DEPARTMENT AGENCY:
Vehicle License Number:	REQUESTING DEPARTMENT AGENCY:
Vehicle Year/Make/Model:	
verlicie real/iviake/iviouel.	
CONTACT PERSON & BUSINESS E-MAIL ADDRESS:	
CONTACT PHONE NUMBER:	

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### EXEMPTION FROM "STATE OWNED" (Page Two)

Describe the nature of investigative/surveillance/enfo integrity of that investigation:	orcement activities and the impact of a confidential tag on the
Describe any employee and/or vehicle/property secur	rity concerns:
REVIEWED BY REQUESTING CABINET SECRETARY/AGE	ENCY HEAD OR SUPERINTENDENT
Requesting Cabinet Secretary/Agency Head	Date
	<del></del>
(PRINT NAME)	
FLEET SERVICES USE ONLY:	EFFECTIVE DATE (IF APPLICABLE):
APPROVED DECLINED	Director, Office of Management and Budget
	Director, Office of Management and Budget
	 Date