

# DESIGNATION OF FLEET MANAGER

\*\*\*Please print or type requested Information\*\*\*

AGENCY NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

FORMER TRANSPORTATION COORDINATOR: \_\_\_\_\_

CURRENT TRANSPORTATION COORDINATOR: \_\_\_\_\_

EFFECTIVE DATE OF DESIGNATION: \_\_\_\_\_

LPAA AUDITOR: \_\_\_\_\_

APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Agency Head's Signature

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LPAA USE ONLY

APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Compliance Manager