



AUTHORIZED DRIVER DESIGNATION APPLICATION

*** TYPED APPLICATIONS REQUIRED ***

INSTRUCTIONS: Only authorized employees may lease vehicles from the Office of Fleet Services for official state business. Rental vehicle charges will be processed according to the information given below unless Fleet Services is directed otherwise. Information must be updated by agencies as needed.

The following information is required in accordance with the State of Delaware Motor Vehicle Record Policy:

Items marked in **Red** are required to complete this form.

Driver Status:

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

First	M	Last	Suffix
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Business E-Mail Address:

Driver's Work Phone: - - , Ext. **Work Cell:** - -

Employee ID: (If not on State of DE payroll, enter 000000)

Driver's Work Building/Area Name: **City:**

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

Driver's License Number: **State:** **Expiration Date:** / /

License Classification: (see attached document for complete descriptions)

License Endorsements: (check all that apply) see attached document for complete description list

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

License Restrictions: (check all that apply) see attached document for complete description list

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

Supervisor's Name:

Supervisor's Phone: - - , Ext.

Supervisor's E-Mail Address:

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.

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).

<p>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.</p>	
_____	_____
Driver's (Applicant) 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: - - , Ext.

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

<p>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.</p>	
_____	_____
Signature of Requesting Division Director/Agency Head/Fiscal Officer	Date

Director of Finance	

Title	

After completing the form, please print, obtain the required signatures, then scan and email to fleetservations@delaware.gov

Agencies that do not have the ability to scan and email may submit via State Mail to D100

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