

DESIGNATION OF FLEET MANAGER

Please print or type requested Information

AGENCY NUMBER: _____ DATE: _____

AGENCY NAME: _____

MAILING ADDRESS: _____

City

State

Zip

Telephone : (_____) _____ Fax: (_____) _____

FORMER FLEET MANAGER: _____

CURRENT FLEET MANAGER: _____

EFFECTIVE DATE OF DESIGNATION: _____

APPROVAL: _____ DATE: _____

Agency Head's Signature

LCAA USE ONLY

APPROVAL: _____ DATE: _____

Compliance Manager

LCAA AUDITOR: _____