

# 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

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LCAA USE ONLY

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

Compliance Manager

LCAA AUDITOR: \_\_\_\_\_