

FLEET MANAGEMENT SERVICES STATE LICENSE PLATE DESIGNATION EXEMPT FORM



NOTE: All state-owned vehicles will have a "STATE" license plate. To be exempt from this policy please complete this form and return it to FMS. The requesting agency head must sign below before the request will be processed. All requests for standard vanity or undercover license plates also requires approval from the Secretary of Administration or their designee.

| VEHICLE INFORMATION | | |
|---|----------------------|--|
| Current License Plate Number: | Make: | Model: Year: |
| AGENCY/DEPARTMENT INFORMATION | | |
| Requesting Agency/Department: | | Date: |
| Driver Name: | Title: | Email: |
| Main Contact: | Phone Numbe | er: Email: |
| | PARKI | NG INFORMATION |
| Parking location Saturday / Sunday o | r between 7pm and 5 | 5am. Please include the complete address. |
| | | |
| | VEHICLE | USE INFORMATION |
| Is this a take home vehicle: Yes \Box | □ No □ | |
| Is this vehicle used off-hours? (Saturd | day/Sunday or betwe | en 7pm and 5am): Yes 🗆 No 🗆 |
| | REQUE | EST JUSTIFICATION |
| | | nent activities and the impact of a confidential tag on the integrity of |
| that investigation. Also, describe any | / employee and/or ve | ehicle property security concerns. Use back of form if needed. |
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| | | TAC DOLLOIS |
| | | MS POLICIES |
| | = | te employee abide by all of the policy set forth by FMS and AOA Bulliten |
| 2.3. For a complete list visit our webs | · | ont.gov/business_services/fleet/operation |
| | | URE AND APPROVAL |
| Request Approved by Agency / Depa | artment Head | |
| Signature: | | Date: |
| Secretary of Administration or Desig | nee Approval | |
| Name: | Title: | Department: |
| RETURN COMPLETED FO | RM WITH A COV | ER LETTER FROM THE DEPARTMENT HEAD TO PENNY |
| TOUCHETTE: pe | enny.touchette@ | state.vt.us OR THE ADDRESS LISTED BELOW |