

**Motor Fleet Management
Agency Contact Profile**



Revised 01/2025

The purpose of this form is to capture agency information for proper dissemination of information impacting the use of state-owned passenger motor vehicles and for compliance with governing statutes. Email the completed form (with Agency Head or Agency Head Designee signature) to motorfleet@doa.nc.gov.

Agency Name: _____

Date: _____

Division Name (if applicable): _____

Agency Role	Name	Email Address
Agency Head		
Agency Head Designee		
Chief Financial Officer		
Agency Fiscal Officer		
Agency Fleet Coordinator (AFC)		
Alternate AFC – (if needed)		
Secondary Contact (for misuse)		

Standard Report Distribution	Invoices/Financials	Underutilized	Misuse	Annual Verification	Maintenance/Inspection
Agency Head		X		X	
Agency Head Designee			X		
Chief Financial Officer		X		X	
Agency Fiscal Officer	X				
Agency Fleet Coordinator		X		X	X
Alternate AFC – (if needed)					
Secondary Contact (for misuse)			X		

Report Description	
Invoices & Financials	Monthly vehicle lease invoices and other financial information as necessary.
Underutilized Report	Includes vehicles not meeting the 3,150 miles per quarter threshold. Report is distributed quarterly for agency review and response.
Misuse Complaints/Incidents	Vehicles complaints received by the Division of Motor Fleet Management, violations detected through telematics, other misuse incidents/allegations.
Annual Verification	Annual report of agency contact information, assigned vehicles, and commuters in state-owned vehicles. Report is distributed to agencies for verification and response.
Maintenance & Inspections	Monthly report showing vehicles “due now” or “past due” for maintenance and inspections.

Agency Authorization: Must be signed by Agency Head or Designee

_____ print

_____ sign

_____ date

Email Complete form to motorfleet@doa.nc.gov.