

DHHS FM-30 FORM INSTRUCTIONS

The form is for requesting new permanent Motor Fleet Management (MFM) vehicle assignment(s) and changing existing assignment(s) for individual and agency leased vehicles. Use the “– SELECT –” to identify the purpose of the request.

PERSON ASSIGNED TO OR RESPONSIBLE FOR THE VEHICLE

Every field with an * is required to be completed. The information is required for any new or existing assignment changes.

Any information not completed shall be immediately returned to requesting agency.

DEPARTMENT OF INSTITUTION INFORMATION

Every field with an * is required to be completed. The information is required for any new or existing assignment changes.

Any information not completed shall be immediately returned to requesting agency.

DIVISION/OFFICE/AGENCY INFORMATION

Every field with an * is required to be completed. The information is required for any new or existing assignment changes. The mailing address for the Division can be a Mail Service Center. Under no circumstances shall a Mail Service Center address be used for the physical address.

Any information not completed shall be immediately returned to requesting agency.

VEHICLE NEEDS

Every field with an * is required to be completed. The information is required for any new or existing assignment changes.

Any information not completed shall be immediately returned to requesting agency.

COMMUTER INFORMATION

Identify if the new or existing assignment change is for a home based employee.

NOTE: If an employee is based in an office and qualifies to drive a vehicle home, only complete following section.

VEHICLE INFORMATION FOR CHANGED INFORMATION

Every field with an * is required to be completed. The information is required only for existing assignment changes. The statement about why the change is being made must be sufficient to warrant vehicle change.

Any information not completed shall be immediately returned to requesting agency.

REQUIRED SIGNATURE AREA

Responsible Driver: Signature is required for any new or existing assignment change.

Section Chief/Designee: Signature is required for any new or existing assignment changes.

Division Chief Budget Manager/Designee: Signature is required for any new assignment request. Also, signature is required for any change request when a new fund and center is used.

Division Director/Designee: Signature is required for any new assignment request.

NOTE: Original signatures should be in blue ink. Scan to DHHSFleetServices@dhhs.nc.gov. An encrypted copy of the responsible drivers NCDL is required for each form.