

# NYC Fleet System User Access Request Form

All applicable sections of this form must be filled in. If this form is not fully completed, access may not be granted.

User Information		
Employee Name	Agency	Division
Transportation Coordinator Name	ERN (Employee Reference Number)	Employee Title
Employee Email	Employee Office Phone Number	Employee Work Cell Number

Fleet System (Choose all applicable)			
Geotab	FleetFocus/M5	ARI	WEX
Ward FuelView	ZipCar	LocalMotion	

Account Information	
Requested User Profile (To be filled in by supervisor)	Requested Groups (Based on system requirements)
Justification for Access <i>(Provide specific details of reason(s) for request)</i>	

Acknowledgement of Rules/Approval		
	Supervisor Name	Dep. Comm./Agency Gen. Counsel Name
Employee Signature	Supervisor Signature	Dep. Comm./Agency Gen. Counsel Signature (Required for GeoTab)
Date	Date	Date

For DCAS to Fill			
Approval	CFMO/Designee Signature	Date	
Approved      Not Approved			

Please submit all User Access Request forms to the Fleet Office of Real-time Tracking at [FORT@dcas.nyc.gov](mailto:FORT@dcas.nyc.gov).