|  | NEW YORK CITY DEPARTMENT OF FINANCE • PROGRAM OPERATIONS DIVISION |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | FLEET PROGRAM |  |  |  |  |  |  |
|  | VEHICLE / PLATE UPDATE/TERMINATION |  |  |  |  |  |  |
| Mail to: NYC Department of Finance, Fleet Program, 66 John Street, 3rd Floor, New York, NY 10038 |  |  |  |  |  |  |  |
| Instructions: Use this application to enroll or terminate a vehicle in the Fleet Program. You must provide this completed F9 form, Lease Rider, and copies of DMV registrations for ALL plates being enrolled. A lease rider is required if the plate(s) being enrolled are leased, and registered to a different owner name. Copy this page to enroll additional plates. If you need assistance completing forms or have any questions, please contact the Fleet/Rental Unit at 212-291-2577. <br> Effective February 15, 2012 all parking debt must be satisfied prior to enrolling plate into the fleet program. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| SECTION I - CONTACT INFORMATION |  |  |  |  |  |  |  |
| Please Print or Type: |  |  | Enter Fleet Program ID: $\square$ |  |  |  |  |
| 1. Company Name: |  |  |  |  |  |  |  |
| Company <br> 2. Mailing Address: |  |  |  |  |  |  |  |
| NUMBER AND STREET CITY STATE $\quad$ ZIP CODE |  |  |  |  |  |  |  |
| 3. Contact Name:_ Company Conta |  |  |  |  |  |  |  |
| 5. Submitted By: FIRST NAME |  |  |  |  |  |  |  |

SECTION II - VEHICLE PLATE INFORMATION


## DATE

RECEIVED:

