



## **NEW DRIVER FORM**

Information Needed to Enter New Driver Into  
ADOA Fleet Management System

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agency Name & Department: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Driver's License State Issued: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_

Driver's EIN: \_\_\_\_\_