



Operator Name Motor Pool Reservation System

Employee First Name:

Employee Last Name:

Employee Signature:

Division/Unit:

Date:

E-Mail Address:

Driver License Expiration Date:

Work Phone:

Supervisor's Name:

Supervisor's Signature:

Motor Pool Location:

☐ DAS General Services Division
4200 Surface Road

☐ State Office Tower (SOT)
30 East Broad Street

☐ William Green
30 West Spring Street

☐ Other: _____ (Specify)

Email completed form to: DASFleet@das.ohio.gov

To ensure timely processing, the Operator ID request form must be submitted 24 hours prior to travel

(Proof of a valid Driver's License must be provided)