



TRANSPORTATION SERVICES DIVISION
CENTRAL FLEET AUTHORITY

ONLINE SHORT TERM RESERVATION

DRIVER INFORMATION:

*Driver's Name: _____ **Operator ID (issued by Motor Pool Staff): _____

*Driver's License #: _____ Date of Defensive Driver Course: _____

AGENCY INFORMATION:

*Agency Name: _____

*Agency Code: _____ *Division Code: _____

DESTINATION:

*City: _____ *State: _____

*Location for Pick up: _____

*Date Pickup: _____ *Time Pickup: _____

*Date Return: _____ *Time Return: _____

VEHICLE: Please pick one vehicle type: _____

Comments:

After confirmation is received from Motor Pool staff, driver must have his/her supervisor's signature of approval before picking up vehicle.

Supervisor's signature: _____ **Date:** _____

Note: For assistance please contact one of the following locations –

SF Location: Mona Marquez (505)-827-1957 ABQ Location: Irene Robles (505)-841-2472

Quik Ride Location: Ruby Vigil (505)-231-2018

If you have never had a short term lease vehicle before, please contact a staff member listed above for your Operator ID.