



Motor Pool Account Application

Completed applications may be submitted via:

- **Email:** motorpool@portlandoregon.gov
- **Fax:** 503-823-4374
- **Interoffice Mail:** 343/CityFleet

Employee Information

First Name: _____

Last Name: _____

Driver's License Number: _____ State of Issue: _____

Driver's License Expiration Date: _____

Bureau: _____ Division: _____

City of Portland Email Address: _____

City of Portland Phone Number: _____

SAP Billing Code: _____

Employee Signature: _____ Date: _____

Supervisor Signature (required): _____ Date: _____

For Office Use Only

Processed by: _____ Date: _____