

Appendix A – Vehicle Request Form (Page 1)

Name of Agency		Agency Contact Name	
Agency Contact Phone		Agency Contact Fax	
SECTION A			
Addition/Replacement	<input type="checkbox"/> Addition <input type="checkbox"/> Replacement <i>(Complete Section D for Addition Requests)</i>	Purchase Price \$	
Purchase From:	<input type="checkbox"/> State Contract <input type="checkbox"/> Surplus <input type="checkbox"/> Auction	Purchase Option (check all that apply)	
Vehicle Requested <input type="checkbox"/> New <input type="checkbox"/> Used (Check One) Requested Options		<input type="checkbox"/> Purchase <input type="checkbox"/> Master Lease	
VEHICLE DATA		VEHICLE TO BE REPLACED	
Year		Requested Vehicle	
Make			
Model			
VIN		N/A	
License Number		N/A	
Asset Number		N/A	
Current Odometer		<i>(leave blank for new vehicles)</i>	
Annual Miles Driven		<i>Prior FY Actual</i>	
Vehicle Category		<i>Estimated Annual Mileage</i>	
Check all that apply		Pick One	
<input type="checkbox"/> 4WD <input type="checkbox"/> Police Equipped		<input type="checkbox"/> 4WD <input type="checkbox"/> Police Equipped	
Primary Assignment		Pick One	
<input type="checkbox"/> Commute <input type="checkbox"/> Non Commute <input type="checkbox"/> Law Enforcement		<input type="checkbox"/> Commute <input type="checkbox"/> Non Commute <input type="checkbox"/> Law Enforcement	
Assignment Name			
Designated Operator			
Vehicle Purpose Primary Use:			
Check one box & briefly describe intended use of vehicle by agency.		<input type="checkbox"/> Passenger <input type="checkbox"/> Work	
Reason for Replacement		Actual Disposal Date/Miles BFM (USE)	
<input type="checkbox"/> Routine 7 years and Over 150,000 miles <input type="checkbox"/> Other <i>(Complete Section E)</i>			
Estimated Disposal Date			
SECTION B: SIGNATURES			
Agency Head or Executive Director _____ Date: _____		I understand that signing this form means that this purchase and the subsequent use of this vehicle must comply with all policies if the Bureau of Fleet Management. Violation of these policies is a misdemeanor criminal offense and may subject the Executive Director or the authorized user of the vehicle to criminal prosecution. By my signature, I certify that the vehicle requested is the lowest cost option available to carry out its intended use, and acknowledge that any request contrary to this provision shall subject me, as agency head, to penalties as provided in Sections 25-1-91, 31-7-55, and 31-7-57 where applicable. (HB 938)	

VEHICLE REQUEST FORM (Page 2)

SECTION C: ADDITIONAL JUSTIFICATION FOR CERTAIN VEHICLE TYPES

This section must be completed if a SUV, four wheel drive vehicle, full size sedan or a police equipped vehicle is requested.

Special Requirements: Check all that apply and then describe in detail in the space provided below.

- Regularly driven off road or on unimproved roads
- Equipment/Tool Storage (Specialized Equipment)
- Passenger Occupancy (3 or more passengers weekly)
- Utility Features
- Other

Please describe the specific need here. Include justification describing why a lower cost; more fuel-efficient vehicle is not sufficient to meet agency needs.

SECTION D: JUSTIFICATION FOR ADDITION OF VEHICLES

This section must be completed for additional vehicle requests.

Reason for Addition: Check all that apply and then describe in detail in the space provided below:

- New Statutory Requirements
- Fleet Increase Approved by State Legislature
- Program Changes
- Other

Describe the need to expand the fleet here.

SECTION E: REASON FOR REPLACEMENT

If "Other" was selected as the reason for replacement on page one please provide additional information below.

ADDITIONAL INFORMATION (optional)