

A. REQUESTOR
 Department: _____ Request #: _____
 Division: _____ Date: _____
 Name: _____ Title: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

B. DESCRIPTION OF EQUIPMENT TO BE PURCHASED
 State Commodity Code: _____ Other: _____
 Description: _____
 Options Requested: _____

C. STATUS OF VEHICLE IN FLEET
 Addition to fleet: Yes No Specific Legislative Approval if Additional: Yes No

D. ASSIGNMENT OF EQUIPMENT TO BE PURCHASED (Name and title of person that will be driving the vehicle)
 Assignee: _____ Title: _____

E. SPECIFIC DUTIES OF THE ASSIGNEE AND EQUIPMENT JUSTIFICATION
 (Include specific applications for this size, options and type of equipment)

Max. Load Carried	% of Time Load Carried	Max. Number of People Carried	% of Time People Carried	Max Towed Load	% of Time Towed

F. DESCRIPTION OF REPLACED EQUIPMENT

Tag/Prop. Number	Year	Make	Model	Vehicle Type (Sedan, Van/15p, Etc.)	Vehicle Identification Number	Miles/Hours

1. Fuel Type: Gasoline Diesel (Other Describe: _____)
 2. Engine Description: 4-Cyl 6-Cyl 8-Cyl (Other Describe: _____)
 3. Transmission: Automatic (Manual Speeds: _____)
 4. Drive: Two Wheel Drive Four Wheel Drive Tandem
 5. Condition (Good, Fair or Poor): (Body: _____) (Paint: _____) (Engine: _____) (Drive train: _____) (Tires: _____)
 6. Status of Equipment: Operational Non-Operational (Specify if: Wrecked Burned Other)
 7. Cab Model (Trucks only): Regular Extended Crew Cab
 8. Other: _____

G. AUTHORIZATION
 Contact Name: _____ Phone: _____
 Address: _____ City: _____ Zip: _____
 Authorized Signature: _____
 I do hereby certify that all the above information is true and correct.

NOT COMPLETING ALL APPLICABLE SECTIONS MAY DELAY PROCESSING OF THIS REQUEST