

SECTION A:

VEHICLE ACQUISITION REQUEST FORM

DEPARTMENT:	DIVISION / OFFICE:	AGENCY BILLING CODE:
FLEET COORIDINATOR:	E MAIL ADDRESS:	
OFFICE ADDRESS:	CITY / ZIP:	TELEPHONE NUMBER:

ITEMS TO INCLUDE WITH REQUEST FORM AS APPLICABLE:

1. Replacement vehicles require an approved Property Survey Report (STD. 152) and an OFA-6.
2. Replacement or additional vehicles require a completed Purchase Order (STD. 65) or Purchase Estimate (STD. 66).
3. Requests for additional vehicles require an approved OFA 6 from your local Inspector of Automotive Equipment.

SECTION B:

TYPE OF VEHICLE(S):	ADDITIONAL:	REPLACEMENT:	UNDERCOVER :	TOTAL QTY:
			YES NO	

TYPE OF ACQUISITION

AGENCY PURCHASE
 OFA RENTAL / LEASE
 COMMERCIAL RENTAL / LEASE
 GIFT OR DONATION

FUEL TYPE

GASOLINE
 DIESEL
 ETHANOL
 PROPANE
 CNG
 ELECTRIC
 HYBRID
 BIFUEL
 OTHER

SECTION C:

1. JUSTIFICATION FOR VEHICLE:

2. POOL VEHICLE OR ASSIGNED TO A PRIMARY DRIVER:

3. IF REQUESTING OTHER THAN A PASSENGER TYPE MOTOR VEHICLE OF THE LIGHT CLASS EXPLAIN WHY?

4. EXPLAIN WHY AN UNDERUTILIZED VEHICLE CANNOT FULFILL THIS REQUEST:

5. EXPLAIN THE NEGATIVE IMPACT IF THIS ACQUISITION IS NOT APPROVED:

SECTION D:
VEHICLE TO BE REPLACED (Please complete if this request is replacing an existing vehicle)

LICENSE NO/EQUIPMENT NO	VEHICLE ID NO	MAKE	MODEL
MODEL YEAR	MILES/HOURS	CAPACITY OR SIZE	PROPERTY SURVEY NO

PREPARED BY:	PHONE NO	DATE:
--------------	----------	-------

SECTION E:

REQUESTING AGENCY'S CHIEF FISCAL OFFICER'S SIGNATURE:	DATE:
---	-------

I HEREBY CERTIFY THAT THIS IS THE MOST COST EFFECTIVE ACQUISITION TO MEET OUR TRANSPORTATION NEEDS.

REQUESTING AGENCY'S DIRECTOR'S SIGNATURE:	DATE:
---	-------

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF SAID VEHICLE(S) AND WILL BE USED IN ACCORDANCE TO THE JUSTIFICATION LISTED ABOVE.

Return completed form to:
 Office of Fleet Administration
 Attention: Statewide Equipment Coordinator
 800 Q Street A-1
 Sacramento, CA 95814

-----DGS USE ONLY-----

FR <input type="checkbox"/> LA <input type="checkbox"/> OA <input type="checkbox"/> SA <input type="checkbox"/> SD <input type="checkbox"/> ASSIGNED <input type="checkbox"/> DENIED <input type="checkbox"/> FORWARDED FOR PURCHASE <input type="checkbox"/>
COMMENTS
VEHICLE ASSIGNED _____ DATE ASSIGNED _____
8 _____ E _____ GARAGE MANAGER SIGNATURE _____ DATE _____