



State of Oklahoma  
Office of Management and Enterprise Services  
Division of Capital Assets Management  
Fleet Management Department

Vehicle Acquisition Request

In accordance with [OAC 580:35-1-2\(b\)](#) and [Title 74 section 78a A. and B.](#): this application shall be submitted by all state agencies with authority to own motor vehicles not less than thirty (30) days **prior to** the proposed purchase of any vehicle, whether or not exempt from the Oklahoma Central Purchasing Act. A copy of the **requisition must be attached**. Allow up to 15 days to process a request.

Submit to: Email: [mfr@omes.ok.gov](mailto:mfr@omes.ok.gov) (preferred) Fax: (405) 525-2682 Telephone: (405) 521-2206  
Mail: Fleet Management, 317 N.E. 31<sup>st</sup> Street, Suite A, Oklahoma City, OK 73105-4003

The undersigned, being duly authorized to sign for the agency named herein, for the purpose of requesting approval of a vehicle acquisition pursuant to 74 O.S., Section 78a, hereby submits:

1. Agency / Number: \_\_\_\_\_  
is authorized to acquire vehicles pursuant to Oklahoma Statutes, Title \_\_\_\_\_ Section \_\_\_\_\_
2. Name of Agency Contact: \_\_\_\_\_
3. Agency address: \_\_\_\_\_
4. Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_
5. Vehicle: Quantity: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Est. Annual Mileage: \_\_\_\_\_  
Name of supplier of the vehicle: \_\_\_\_\_

List and justify any options selected over the standard equipped; attach additional pages, if necessary:

6. Description of the intended purpose of the Vehicle is (if "Est. Annual Mileage" is less than 12k miles per year, please justify):
7. a. Is the intended vehicle class to be purchased a compact sedan? ☐ Yes ☐ No - justify below:  
b. Is the intended vehicle class to be purchased available on SW035/SW035C as CNG? ☐ Yes ☐ No - go to # 8 or 9  
c. Is Vehicle Acquisition Request seeking to acquire CNG vehicle? ☐ Yes ☐ No - justify below:

8. ☐ Expansion to Fleet:  
(please justify)

9. ☐ Replacement Vehicle Provided: Year: Make: Model: VIN: Mileage:  
(attach extra page) Vehicle 1: \_\_\_\_\_  
Vehicle 2: \_\_\_\_\_  
Vehicle 3: \_\_\_\_\_

Has the purpose of the vehicle changed since the last replacement? ☐ Yes ☐ No

For Replacement Vehicles less than 2 years old or with less than 60,000 miles, state estimated cost of repair: \$ \_\_\_\_\_

By signing this request, I hereby affirm that the requesting agency has actual need for said vehicle and sufficient funds to acquire and maintain the vehicle.

_____ Signature of Applicant	_____ Date
_____ Printed Name and Title of Applicant	_____ Telephone Number

FOR OMES USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Recommended Vehicle Acquisition
<input type="checkbox"/> Denied - Reason for Denial: _____	
_____ OMES Fleet Manager Signature and Date	