



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

Fleet Inventory Data Sheet
(Vehicle, Aircraft, Watercraft)

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>>>Attach copy of the title and approved DCAM-FORM-FM-016, if applicable<<<

General Information:

Agency Name: _____ Agency Number: _____
Division Name: _____ Division Number: _____
Fleet Contact: _____ Title / Position: _____
Phone: _____ Fax: _____ E-Mail: _____

Unit Assignment and Location:

Unit Parked at: ☐ Primary State Office ☐ Field Office
☐ Home (submit [Form 022](#)), then: ☐ Driven from Home to Work, or ☐ Work from Home
Unit Parked County (name & #): _____ City: _____ Zip: _____
Shared Vehicle: ☐ Yes ☐ No, Driver's State ID# & Name: _____

Unit Acquisition Data:

Acquired through (check one): ☐ Purchase ☐ Seizure ☐ Donation ☐ Transfer
Vendor: _____ Model Code: _____
Purchase Amount: _____ Purchase Order #: _____
Acquisition Meter: _____ Acquisition Date: _____
In-Service Meter: _____ In-Service Date: _____

Unit Initial Inventory Data:

VIN / Serial #: _____ Tag / Registration # (must attach copy of the title): _____
Agency Unit #: _____ Marked: ☐ Yes ☐ No Color: _____
Year: _____ Make: _____ Model: _____ Trim: _____
Vehicle Type: ☐ Passenger ☐ Cargo ☐ Truck Other: _____
Non-Vehicle Type (if appl.) ☐ Plane ☐ Helicopter ☐ Watercraft Other: _____
Body Characteristics: # of Seats: _____ # of Doors: _____
Drive Train Type: ☐ FWD ☐ RWD ☐ AWD ☐ 4WD
Special Equipment: ☐ Lift ☐ Hitch ☐ Bed Cover Other: _____

Fuel Supply Information:

Fuel Supply: ☐ OEM ☐ Converted Tank(s) Capacity: _____
Dedicated Type: ☐ Diesel ☐ Unleaded ☐ CNG ☐ Propane ☐ Electric
Bi-Fuel Type: ☐ Flex Fuel ☐ Bi-Fuel CNG ☐ Bi-Fuel Propane ☐ Hybrid

Disposal /Sale Information:

Date: _____ Ending Odometer / Hour: _____ Amount: _____
Disposal Type (check one): ☐ Open Auction ☐ Consignment ☐ Sealed Bid ☐ Transfer ☐ Theft ☐ Wreck