Vehicle Acquisition Request

In accordance with OAC 260:75-1-2(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 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** (see also 5.c. below). Allow up to 15 days to process a request.
- Submit to: mfr@omes.ok.gov I Fax: 405-525-2682 I 317 N.E. 31st St., Ste. A, Oklahoma City, OK 73105-4003

1. Agency/Number: _____

is authorized to acquire vehicles pursuant to Oklahoma Statutes, Title _____ Section _____

2. Agency fleet administrator name and title: _____

3. Agency address: _____

4. Telephone: (____) _____ Fax: (____) _____ Email: _____

5. a. Vehicle: Quantity: ____ Year: _____ Make: _____ Model: _____ Detail[1]: _____

b. Dealer name: _____

c. Justify any options over the standard price (additional pages, if necessary) and attach dealer's quote:

6. Est. annual mileage: _____ ,if less than 12k miles/year, justify: _____

7. a. Is a request seeking to acquire alternative fueled vehicle (B20 Diesel, CNG, E85, or LPG)[2] ? ☐ Yes ☐ No - justify below:

b. Is a request seeking to acquire gas-electric hybrid, or fully electric vehicle[2] ? ☐ Yes ☐ No - justify below:

8. ☐ Expansion - justify: _____

9. ☐ a. Replaced vehicle(s): (attach extra page)

Unit #	Year:	Make:	Model:	VIN:	Mileage:

b. What is the purpose of vehicle(s)? _____

c. For replacement vehicles less than two years old or with less than 60,000 miles, state estimated cost of repair: $ _____

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 affirms that the requesting agency:

1. *Has actual need for said vehicle and seeks smallest and most economical option for the mission.*
2. *Has sufficient funds to acquire and maintain vehicle.*

_____ _____

Signature of Applicant Date

_____ _____

Printed Name and Title of Applicant Telephone Number

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☐ Approved ☐ Denied - reason for denial: _____

_____

OMES Fleet Manager Signature and Date

[1] trim, driveline, fuel system, cab, etc.

[2] https://epact.energy.gov/covered-fleets/state