



Request for Monthly Lease

NOTE: This form must be completed, signed by the agency, and submitted:

emailed (fmd.lease@omes.ok.gov), or faxed (405) 525-2682, or hand delivered prior to or at the time of vehicle pick up at:
Fleet Management Department, 317 N.E. 31st Street, Suite A, Oklahoma City, OK 73105-4003

Requested Vehicle Category (check one):

- ☐ Compact Sedan ☐ Mid-size Sedan ☐ Full-size Sedan ☐ Minivan-Pass ☐ Maxivan-Pass ☐ Truck
☐ Compact SUV ☐ Mid-size SUV ☐ Full-size SUV ☐ Minivan-Cargo ☐ Maxivan-Cargo ☐ Other

Request Information (check one & provide additional information):

- ☐ Additional Unit ☐ Replacement - Unit Leased Unit #: _____ Returned Unit #: _____

Base Monthly Rate _____ Billing Code: _____

Monthly Fuel Cost Est _____ Expected Miles/Month*: _____

Monthly Usage Cost Est _____ = Est Monthly Usage _____ at _____ per mile (after 1,000 miles/month)

Total Monthly Budget Est _____ Note: tolls and accident deductible are not included

*Per 74 O.S. 78 B.8. justify, if less than 1,000 miles per month _____

Vehicle Markings (check one):

- ☐ Marked as FMD ☐ Marked as Agency ☐ Other: _____
☐ No Markings – Per 74 O.S. 78 D.5. provide justification: _____

Agency Information:

Agency: _____ Division: _____

Vehicle's primary location: City & Zip Code: _____ County: _____

Vehicle driven from home to work: ☐ No ☐ Yes - submit [DCAM-FORM-FM-022](#)

Primary driver's Employee ID: _____ ➤ Must submit [DCAM-FORM-FM-015C](#) for **ALL** vehicle drivers

Preferred Pick-up Date and Time:

Date: _____ Time (check one): ☐ Morning ☐ Afternoon ☐ Specific Time: _____

Agreement:

The Agency is responsible for thoroughly instructing any driver authorized by the Agency to drive the vehicle named in this lease about the requirements stated in the Driver Responsibility Certification ([DCAM-FORM-FM-015C](#)); and, ensuring each driver agrees to comply with the requirements by requiring each driver to sign a Certification.

The undersigned, being duly authorized to sign a state vehicle lease on behalf of the Agency named herein, has read and understands the terms contained in this state vehicle lease ([DCAM-PROCESS-FM-L001](#)) and hereby affirms that use of this vehicle will be strictly limited to the employees of the Agency named herein and any driver assigned to drive the vehicle will be properly instructed.

Agency Fleet Administrator Signature

Print Name and Title

Date

Telephone

Email