



**NOTE:** If a reservation cannot be made online (<https://www.ok.gov/dcs/calculator/welcome.php>), this form must be completed, signed both by the agency and the driver. Submit the form prior to or at the time state vehicle is picked up at:

Email: [fmd.trip@omes.ok.gov](mailto:fmd.trip@omes.ok.gov) (preferred) Fax: (405) 525-2682, Phone: (405) 521-2206

Mail: Fleet Management, 317 N.E. 31<sup>st</sup> Street, Suite A, Oklahoma City, OK 73105-4003

**Reservation Details:**

Agency (name & #): \_\_\_\_\_

Division (name & #): \_\_\_\_\_

Check one vehicle cat.: ☐ Sedan (Compact) ☐ Sedan (Mid-size) ☐ Sedan (Full-size) ☐ Truck (½ ton)  
☐ Van (7-Pass Mini) ☐ Van (12-Pass) ☐ Van (15-Pass) ☐ Truck (Box)

Pick-up Date: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_ Drop-off Date: \_\_\_\_\_ Drop-off Time: \_\_\_\_\_

**Certification and Authorization:**

This vehicle shall be kept in good operating condition during its use and maintained in accordance with the Fleet Management Preventative Maintenance Schedule. Upon its return, any and all defects shall be reported to the Fleet Management dispatcher. The renting agency agrees to promptly pay all Fleet Management invoices pertaining to use of the vehicle.

The undersigned, being duly authorized to sign for the agency named herein, has read and understands the conditions listed in this requisition and caused this application to be executed

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Agency Fleet Administrator Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

The Bearer, \_\_\_\_\_, whose signature appears below, is authorized to use a Fleet

Management vehicle and hereby acknowledges receipt of the vehicle described herein. I further certify that I have a valid driver license and will: (a) use the vehicle for official state business only; (b) observe all traffic laws; (c) wear the seat belt; (d) not smoke or allow any passengers to smoke inside the vehicle; (e) not text while driving or operating the vehicle; and, (f) not allow an unauthorized person to drive or ride in the vehicle.

SIGNATURE OF DRIVER: \_\_\_\_\_ PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR FLEET MANAGEMENT USE ONLY**

BEGINNING  
MILEAGE: \_\_\_\_\_

DATE ASSIGNED: \_\_\_\_\_ TIME: \_\_\_\_\_

ENDING MILEAGE: \_\_\_\_\_ DATE RETURNED: \_\_\_\_\_ TIME: \_\_\_\_\_

MILES TRAVELED: \_\_\_\_\_ DAILY RATE (FREE MILES INCLUDED): \_\_\_\_\_

PLUS ADDITIONAL MILES @ \_\_\_\_\_ PER MILE

UNIT (VEHICLE) #: \_\_\_\_\_