



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

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 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 (preferred) Fax: (405) 525-2682 Telephone: (405) 521-2206
Mail: Fleet Management, 317 N.E. 31st 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 a request seeking to acquire CNG? Yes No - justify below:
- c. If "No" to 7.b: Is a request seeking to acquire other Alternative Fuel Vehicle than CNG to meet [EPA standards](#) for state fleets i.e. E-85, LPG? Note: Gas-electric hybrids do not apply. 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	