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

# Request for Monthly Lease

**NOTE**: This form must be completed, signed by the agency, and submitted:
emailed (preferred), 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) ☐ Minivan (cargo)
☐ Light Truck ☐ Van (pass) ☐ Van (cargo) ☐ SUV ☐ Other

**Request Information (check one & provide additional information):**

☐ Additional Unit ☐ Replacement Expected Usage*: _____ miles per year on average

**Per 74 O.S. 78 B.8. justify, if less than 12,000 miles per year* _____

**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: _____ 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 (DCS-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 | |

**FOR FLEET MANAGEMENT USE ONLY**

Unit Returned #: _____ Ending Mileage: _____

Unit Issued #: _____ Beginning Mileage: _____

Base Monthly Rate (w/o fuel): _____ Date Assigned: _____ Time: _____