



**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. 31<sup>st</sup> 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 ([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

**FOR FLEET MANAGEMENT USE ONLY**

Unit Returned #: \_\_\_\_\_ Ending Mileage: \_\_\_\_\_

Unit Issued #: \_\_\_\_\_ Beginning Mileage: \_\_\_\_\_

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