

State of Oregon DAS Statewide Fleet Administration

Request for Assigned Vehicle - Form 07-011, Additional/Exchange Long-term or Seasonal

Requested By	Agency Name	Six-digit Agency Number	Cost Center or Billing Number	Date of Request
				Effective Date

Please specify purpose of request

- Additional vehicle for **Long-term** assignment -- minimum 1 month, maximum vehicle life. (fill out sections A - E)
- Additional vehicle for **Seasonal** assignment -- minimum 1 month, maximum 6 months. Estimated end date _____ . (fill out sections A - E)
- Exchange current vehicle license # _____ for a different type of vehicle (fill out sections A - E)

Driver/Agency Contact (last name, first name)	Division/Unit	Driver's License #	State
Office Mailing Address	City	State	ZIP
Office Physical Address (if different from above)	City	State	ZIP
E-mail Address	Office Phone Number	Office Fax Number	

Type of Vehicle Requested

Sedan	<input type="checkbox"/> FWD 4-Door	<input type="checkbox"/> AWD 4-Door	Special Equipment: <input type="checkbox"/> Police Package <input type="checkbox"/> Other	
SUV	<input type="checkbox"/> Intermediate 4x4	<input type="checkbox"/> Carryall 4x4	Special Equipment: <input type="checkbox"/> Police Package <input type="checkbox"/> Other	
SUV Justification/Request Form required for all SUVs (http://www.oregon.gov/DAS/SSD/FLEET/forms.shtml)				
Passenger Van	<input type="checkbox"/> 7 Passenger Mini	<input type="checkbox"/> 12 Passenger Full Size		
Cargo Van	<input type="checkbox"/> Mini	<input type="checkbox"/> ¾ Ton	<input type="checkbox"/> 1 Ton	
Pickup	<input type="checkbox"/> Compact	<input type="checkbox"/> 4x2	<input type="checkbox"/> Standard Cab	<input type="checkbox"/> Short Box
	<input type="checkbox"/> ½ Ton	<input type="checkbox"/> 4x4	<input type="checkbox"/> Extended Cab	<input type="checkbox"/> Long Box
	<input type="checkbox"/> ¾ Ton		<input type="checkbox"/> Crew Cab	
	<input type="checkbox"/> 1 Ton		<input type="checkbox"/> Cab-Chassis	
Fuel Type (Choose One):	<input type="checkbox"/> Gasoline	<input type="checkbox"/> Gasoline/Electric Hybrid	<input type="checkbox"/> Diesel	<input type="checkbox"/> CNG (Compressed Natural Gas) <input type="checkbox"/> E-85

Projected average monthly mileage

Additional Information

DRIVER/AGENCY CONTACT CERTIFICATION: I certify I am authorized to drive this vehicle, that I will only use it for official business in the performance of my duties and that I will operate it in conformance with all applicable laws, rules, and regulations. I understand that failure to perform these responsibilities can result in suspension of official vehicle use privileges. DAS Statewide Fleet Management policy can be viewed or downloaded at <http://www.oregon.gov/DAS/SSD/FLEET/policies.shtml>.

Type or Print Name	Title	Signature
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REQUESTING AGENCY APPROVAL

Type or Print Name	Title	Signature
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MOTOR POOL USE ONLY

Vehicle License #	Assignment Date	S P E	Date to Pending	Manager Approval
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