

ADDITIONAL REQUIREMENTS if ordering:
1-ton Cube van, 1-ton pickup, Cab/Chassis, or Medium and heavy-Duty Truck/Tractor:

WHEEL BASE: _____ inches; CAB to AXLE _____ inches;

REAR AXLE: Single _____; Tandem _____; or Two Speed _____

TOTAL BOX LENGTH _____ inches

BED OR BOX (define requirements including hydraulic lift if needed)

SPECIAL EQUIPMENT: Power takeoff _____; Winch _____, or Air Brakes _____;

Tailgate Lift _____; Running boards _____; Other _____

The vehicle class requested above will replace the following numbered official state vehicles:

_____; _____; _____; _____; _____; _____; _____; _____; _____; _____;
_____; _____; _____; _____; _____; _____; _____; _____; _____; _____;

TOTAL NUMBER OF REPLACEMENTS: _____

TOTAL NUMBER OF ADDITIONS TO THE FLEET REQUESTED: _____

(Separate justification must be attached.)

Requests for new additions to the fleet will be reviewed by the Administrator for justification. Funding for additional units assigned to the Department shall originate from sources OTHER than the Depreciation Fund. Departmental Depreciation Funds are for the replacement of existing units only. The Fleet, Mail & Print Administrator, will assign license numbers for approved additional vehicles.

GRAND TOTAL OF ABOVE CLASS OF VEHICLE(S) REQUESTED: _____

Departmental Authorization

Phone Number