

**State of Oregon**  
**Request for Assigned Vehicle / SUV Justification**

Fleet & Parking Services  
1100 Airport Rd SE  
Salem, OR 97301-6082  
503-378-4377  
503-378-5813 fax  
[fleet.office@oregon.gov](mailto:fleet.office@oregon.gov)  
<https://www.oregon.gov/DAS/FleetPark>

Additional/Exchange Vehicle – Long-term or Seasonal  
Form 07-011

Form Completed By	Agency Name	Division or Unit	Six-digit Agency Number	Date of Request
Phone #			Cost Center or Billing Number	Date Vehicle Needed

**Please specify purpose of request**

- Vehicle for **Long-term** assignment (fill out sections A – E)       **Police Vehicle** (fill out sections A, C, D, and E)
- 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)
- Replace current vehicle license # \_\_\_\_\_ due to accumulated miles (criteria: 130k for standard vehicles, 150k for hybrids). (fill out sections A – E)

**Driver/Agency Contact Information:**

Driver/Agency Contact Name (last name, first name) – VEHICLE WILL BE ASSIGNED TO THIS PERSON		Driver License # - <b>LAST 4 DIGITS ONLY</b>		State
Driver/Agency Contact Office Physical Address		City	State	ZIP
Driver/Agency Contact Office Mailing Address (if different from above)		City	State	ZIP
E-mail – (all electronic correspondence will be sent to this address)		Office Phone Number	MOBILE Phone Number	

**To Best Accommodate the Needs of Your Agency, Please Answer the Following:**

1. Describe, in detail, the primary function of this vehicle. Please note if the vehicle is used to transport inmates, patients or clients and if so, how often.

2. What is the frequency of use (days/week)?	3. How many miles is this vehicle estimated to travel each month?	4. Will this vehicle travel "off road"? If yes, what percentage of the time?	5. What counties in Oregon will this vehicle service?
6. How often will the vehicle drive in adverse weather conditions; i.e. snow, ice (estimated days/year)?		7. What type of cargo will this vehicle carry? What is the approximate weight?	
8. How many passengers will this vehicle typically carry? How often will it carry multiple passengers (days/month)?		9. Will the vehicle replace or prevent reimbursement of private mileage to employees? If so, will private mileage reimbursement be reduced and by how much? (miles and dollars per month)	

10. Is ground clearance an issue? If yes, please explain in detail.

**Fleet & Parking Services will use the information provided above to match your request to the most appropriate vehicle to meet your agency's needs. Fleet & Parking Services has final approval over which type of vehicle is assigned to this request.**

**Preferred Type of Vehicle:**

<b>Sedan</b>	<input type="checkbox"/> Standard Gas FWD	<input type="checkbox"/> Gas/Electric Hybrid FWD	<input type="checkbox"/> Natural Gas FWD	<input type="checkbox"/> Police Package RWD
<b>SUV (Requires Agency Head Approval)</b>	<input type="checkbox"/> Compact AWD (Ford Escape size)	<input type="checkbox"/> Intermediate AWD (Ford Explorer size)	<input type="checkbox"/> Carryall 4x4 (Chev Suburban size)	<input type="checkbox"/> Police Package 4x4
<b>Required:</b> Explain why a 4x4 crew-cab pickup (with or without a canopy) of comparable size will not suit your needs				
<b>Vans</b>	<input type="checkbox"/> 7 Passenger Mini	<input type="checkbox"/> 12 Passenger Full Size	<input type="checkbox"/> Cargo Van: <input type="checkbox"/> Mini <input type="checkbox"/> ¾ Ton <input type="checkbox"/> 1 Ton	
<b>Pickup</b>	<input type="checkbox"/> Compact <input type="checkbox"/> ¾ Ton <input type="checkbox"/> ½ Ton <input type="checkbox"/> 1 Ton	<input type="checkbox"/> Standard Cab <input type="checkbox"/> Extended Cab	<input type="checkbox"/> Crew Cab <input type="checkbox"/> Cab-Chassis	<input type="checkbox"/> Short Box <input type="checkbox"/> 4x2 <input type="checkbox"/> Long Box <input type="checkbox"/> 4x4

**Driver/Agency Contact Certification:**

I understand only state employees are authorized to drive this vehicle for official business and that my agency is responsible to ensure all drivers will operate it in conformance with all applicable laws, rules, and regulations. Failure to perform these responsibilities can result in suspension of official vehicle use privileges. DAS Fleet & Parking Services vehicle use policy can be viewed or downloaded at <https://www.oregon.gov/DAS/FleetPark/Pages/policy.aspx>.

Name	Title	Signature
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**REQUESTING AGENCY APPROVAL (AGENCY HEAD/DIRECTOR APPROVAL REQUIRED FOR SUV)**

Name	Title	Signature
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**MOTOR POOL USE ONLY**

Vehicle License #	Assignment Date	Date to Pending	Manager Approval
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