Oklahoma Department of Corrections
Fleet Vehicle Assignment/Reassignment/Surplus

Date:	**Name of Requestor:**	**Facility Assignment:**
Request for Vehicle:	**Type of Vehicle Needed:**	**Anticipated Monthly Mileage Usage:**
Reason Vehicle Needed:		
Reassignment of Vehicle:	**From (Facility):**	**To (Facility):**

Trade In Vehicle		**Surplus Vehicle**	
Year:	**Mileage:**	**Year:**	**Mileage:**
Make:	**Model:**	**Make:**	**Model:**
Condition:	**Control #:**	**Condition:**	**Control #:**

Emergency Items Removed from Vehicle: *(Select all that apply.)*

☐Radio Equipment
☐Lights
☐Siren
☐Other:

Items Removed from Vehicle: *(Select all that apply.)*

☐Agency Decals/Stickers
☐State Decals/Stickers
☐Fleet Paperwork (Glovebox)
☐Pikepass
☐Other:
☐Gas Card
☐License Tag
☐Safety Roadside Equipment

Summary of Known Problems or Issues with Vehicle and Estimated Value:

Estimated Cost of Repairs:	**Repair Quote Available? (attach pictures)**	

Fleet Manager	**Printed Name (or typed)**	**Date**
Administrator of Fleet	**Printed Name (or typed)**	**Date**