



mfr@omes.ok.gov / fax: 405-525-2682 / 317 N.E. 31st Street, Suite A, Oklahoma City, OK 73105-4003
>>>Attach copy of the title and approved CAM-FORM-FM-016, if applicable<<<

General Information:

Agency Name: _____ Agency Number: _____
 Division Name: _____ Division Number: _____
 Fleet Contact: _____ Title / Position: _____
 Phone: _____ Fax: _____ E-Mail: _____

Unit Assignment and Location:

Unit Parked at: Primary State Office Field Office
 Home (submit [Form 022](#)), then: Driven from Home to Work, or Work from Home
 Unit Parked County (name & #): _____ City: _____ Zip: _____
 Shared Vehicle: Yes No, Driver's State ID# & Name: _____

Unit Acquisition Data:

Acquired through (check one): Purchase Seizure Donation Transfer
 Vendor: _____ Model Code: _____
 Purchase Amount: _____ Purchase Order #: _____
 Acquisition Meter: _____ Acquisition Date: _____
 In-Service Meter: _____ In-Service Date: _____

Unit Initial Inventory Data:

VIN / Serial #: _____ Tag / Registration # (must attach copy of the title): _____
 Agency Unit #: _____ Marked: Yes No Color: _____
 Year: _____ Make: _____ Model: _____ Trim: _____
 Vehicle Type: Passenger Cargo Truck Other: _____
 Non-Vehicle Type (if appl.) Plane Helicopter Watercraft Other: _____
 Body Characteristics: # of Seats: _____ # of Doors: _____
 Drive Train Type: FWD RWD AWD 4WD
 Special Equipment: Lift Hitch Bed Cover Other: _____

Fuel Supply Information:

Fuel Supply: OEM Converted Tank(s) Capacity: _____
 Dedicated Type: Diesel Unleaded CNG Propane Electric
 Bi-Fuel Type: Flex Fuel Bi-Fuel CNG Bi-Fuel Propane Hybrid

Disposal /Sale Information:

Date: _____ Ending Odometer / Hour: _____ Amount: _____
 Disposal Type (check one): Open Auction Consignment Sealed Bid Transfer Theft Wreck