



Purpose: State agency report of identified surplus property and disposal of property approval request to Surplus administrator.

You must follow this process:

1. The agency authorized surplus officer must sign and email the form to state.surplus@omes.ok.gov.
2. OMES staff will review the request and email this form back indicating a decision (approved or denied).
3. Agency must call State Surplus at 405-525-2354 for disposal/delivery of all property approved for surplus.
4. Items will be verified against the approved form by the OMES warehouse personnel at time of delivery.
5. Any proceeds received by OMES for disposal of property will be handled in accordance with 74 O.S. § 62.5.

Property transfer approval process

1. Surplus administrator reviews all property transfer requests except vehicles and replies to the agency authorized surplus officer with the file after its content has been approved or denied.
2. Surplus personnel schedule delivery or pickup of approved surplus property. The Surplus administrator may send a Surplus property agent to the location of the property to evaluate its condition for disposal or sale.

GENERAL INFORMATION			
Agency name	Agency number	Division/department	
Agency address			
Authorized officer name	Email	Phone	Fax
Contact person name	Email	Phone	Fax
Vehicle street address	City	State	ZIP code
SIGNATURE			
<input type="checkbox"/> Required: By checking this box, you certify that your name is on file with OMES Central Purchasing as an employee of the agency named herein and authorized to surplus items for the agency (OMES Form CP001).			
With the signature below, the authorized officer affirms that they have reviewed the contents of this form and that the facts contained herein are true and correct.			
Authorized surplus officer signature		Date	
PROPERTY TRANSFER REQUEST INFORMATION			
Agencies may not dispose of surplus property without prior approval of OMES. It is the responsibility of the surplus agency to: (1) delete these items from its inventory and notify OMES Risk Management, if applicable, for deletion from insurance coverage; and (2) maintain surplus records in accordance with 74 O.S. §§ 62.1 et seq.			
1. The property on the attached Excel list is surplus to the needs of this agency for these reasons (check all that apply):			
<input type="checkbox"/> No longer needed to perform the duties of the agency.			
<input type="checkbox"/> Broken; cost to repair is not economical.			
<input type="checkbox"/> Obsolete; not compatible with newer equipment.			
<input type="checkbox"/> Other (provide a specific explanation):			
2. Approval is requested for the following disposition of this surplus property (check recommended disposition):			
<input type="checkbox"/> Sell in online auction:		<input type="checkbox"/> At Surplus.	<input type="checkbox"/> On-site.
<input type="checkbox"/> Sell for scrap metal.			
<input type="checkbox"/> Transfer to:			
<input type="checkbox"/> Trade-in.			

<input type="checkbox"/> Disposal by OMES CAM State Surplus with no remuneration to the agency.				
<input type="checkbox"/> Disposal by other means deemed to be in the best interest of the state (explain):				
Suggested vendor or buyer (if any):				
Name		Phone	Address (street address, city, state, ZIP code)	
Is the suggested vendor or buyer a related party to you, as described in OAC 260:105-7-1?				
<input type="checkbox"/> No		<input type="checkbox"/> Yes (specify):		
Please confirm that all required documents have been provided to the surplus property agent:				
<input type="checkbox"/> Title		<input type="checkbox"/> Any required disposal documents (e.g., written authorization to dispose of a vehicle).		
FEDERAL GRANT/FUNDING INFORMATION				
Was any of the purchase or acquisition of this property funded through a federal grant or other federal assistance program?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If selecting Yes, you must complete the following:				
Grant title/program name			Grant number or CFDA number	
Federal agency			Percentage of federal funding	
CERTIFICATION (OMES STAFF ONLY)				
OMES CAM Surplus administrator:				
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied		Date:
OMES CAM Fleet Management administrator:				
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied		Date:
OMES staff comments:				
AGENCY ASSET INFORMATION				
Agency name			Online OA # (OMES staff only)	
Agency #	Agency asset ID#		GovDeals # (OMES staff only)	
VEHICLE INFORMATION				
Year	Make	Model	Vehicle identification number (VIN)	
Body style	Load rating	Number of cylinders	Number of seats/passenger capacity	Color
Mileage		Idle hours	Total hours	
Type and location of identifying markings				
Operational			Fuel type	
<input type="checkbox"/> Runs		<input type="checkbox"/> Doesn't run	<input type="checkbox"/> Gas	
<input type="checkbox"/> Runs with problems (list issues on Page 3 in Additional Information).		<input type="checkbox"/> Dead battery	<input type="checkbox"/> Diesel	
			<input type="checkbox"/> Gas & CNG	
			<input type="checkbox"/> CNG	
Transmission			Pickup	
<input type="checkbox"/> Automatic		<input type="checkbox"/> Manual	<input type="checkbox"/> Long bed	
<input type="checkbox"/> Other:		<input type="checkbox"/> 4x4	<input type="checkbox"/> Short bed	
			<input type="checkbox"/> Flatbed	
			<input type="checkbox"/> Work bed	
Accessories				
<input type="checkbox"/> Power steering		<input type="checkbox"/> Power windows	<input type="checkbox"/> Power locks	
<input type="checkbox"/> Towing package		<input type="checkbox"/> Hitch	<input type="checkbox"/> Power seats	
<input type="checkbox"/> AM/FM radio		<input type="checkbox"/> 5th wheel	<input type="checkbox"/> Bedliner	
			<input type="checkbox"/> Power brakes	
			<input type="checkbox"/> Air conditioning	

Seats <input type="checkbox"/> Fabric/cloth <input type="checkbox"/> Leather <input type="checkbox"/> Vinyl <input type="checkbox"/> Other:	Blows cold: <input type="checkbox"/> Yes <input type="checkbox"/> No Seat damage: <input type="checkbox"/> Yes <input type="checkbox"/> No Dash damage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Windshield damage: <input type="checkbox"/> Yes <input type="checkbox"/> No Floor damage: <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency equipment removed: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Estimated value:

ADDITIONAL INFORMATION

Flat tires, body damage, wrecked, runs with problems (specify problems) or any other known defects:

List known enhancements:

Any special equipment to be removed prior to disposal (e.g., AVL, PIKEPASS, tag, etc.)?

List any other information or recommendations:

Form completed by

Date