OKLAHOMA
Office of Management & Enterprise Services

State Surplus

SURPLUS PROPERTY TRANSFER – VEHICLE

Capital Assets Management

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

☐ 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 surplusing 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):

☐ No longer needed to perform the duties of the agency.

☐ Broken; cost to repair is not economical.

☐ Obsolete; not compatible with newer equipment.

☐ Other (provide a specific explanation):

2. Approval is requested for the following disposition of this surplus property (check recommended disposition):

☐ Sell in online auction:	☐ At Surplus.	☐ On-site.

☐ Sell for scrap metal.

☐ Transfer to:

☐ Trade-in.

☐ Disposal by OMES CAM State Surplus with no remuneration to the agency.

☐ 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?

☐ No ☐ Yes (specify):

Please confirm that all required documents have been provided to the surplus property agent:

☐ Title ☐ Any required disposal documents (e.g., written authorization to dispose of a vehicle).

FEDERAL GRANT/FUNDING INFORMATION

1. Was any of the purchase or acquisition of this property funded through a federal grant or other federal assistance program?	☐ Yes ☐ No
2. Original acquisition cost:	$
3. Has the asset been used?	☐ Yes ☐ No
4. What is the aggregate value of the assets being submitted?	$
5. Have the federal award requirements been fulfilled?	☐ Yes ☐ No
6. Is the equipment no longer needed for the federally funded program?	☐ Yes ☐ No
7. Has the federal award period ended?	☐ Yes ☐ 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 personnel:

☐ Approved ☐ Denied | Certified by: | Date:

OMES CAM Fleet Management administrator:

☐ Approved ☐ 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
☐ Runs ☐ Doesn't run ☐ Dead battery ☐ Runs with problems (list issues on Page 3 in Additional Information).	☐ Gas ☐ Diesel ☐ Gas & CNG ☐ CNG

Transmission	Pickup
☐ Automatic ☐ Manual ☐ 4x4 ☐ Other:	☐ Long bed ☐ Short bed ☐ Flatbed ☐ Work bed

Accessories

☐ Power steering ☐ Power windows ☐ Power locks ☐ Power seats ☐ Power brakes
☐ Towing package ☐ Hitch ☐ 5th wheel ☐ Bedliner ☐ Air conditioning
☐ AM/FM radio

Seats					
☐ Fabric/cloth ☐ Leather ☐ Vinyl ☐ Other:	Blows cold:	☐ Yes ☐ No	Windshield damage:	☐ Yes ☐ No
	Seat damage:	☐ Yes ☐ No	Floor damage:	☐ Yes ☐ No
	Dash damage:	☐ Yes ☐ No	Emergency equipment removed:	☐ Yes ☐ No

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