



The agency must complete and sign this form electronically, then email it to fmd.lease@omes.ok.gov.

REQUESTED VEHICLE CATEGORY (CHECK ONE)

- | | | | | | |
|--|--|--|--|--|--------------------------------|
| ☐ Compact sedan | ☐ Midsize sedan | ☐ Full-size sedan | ☐ Minivan – passenger | ☐ Maxivan – passenger | ☐ Truck |
| ☐ Compact SUV | ☐ Midsize SUV | ☐ Full-size SUV | ☐ Minivan – cargo | ☐ Maxivan – cargo | ☐ Other |

REQUESTED INFORMATION (CHECK ONE AND PROVIDE ADDITIONAL INFORMATION)

☐ Additional unit	☐ Replacement unit	Leased unit #:	Returned unit #:
Billing code:		Odometer:	
Base monthly rate:		Expected miles/month*:	

Note: Tolls and accident deductible are not included.

*Per [74 O.S. § 78\(C\)\(8\)](#), justify if less than 1,000 miles per month:

VEHICLE MARKINGS (CHECK ONE)

- ☐ Marked as FMD ☐ Marked as agency ☐ Other:

If no markings, justify per [74 O.S. § 78\(D\)\(5\)](#):

AGENCY INFORMATION

Agency:	Division:
Vehicle's primary location (City, ZIP code, County):	
Is vehicle driven home from work? ☐ No ☐ Yes: Submit OMES CAM Form FM022 .	
Employee ID of primary driver:	Submit OMES CAM Form FM015C for all drivers.

PREFERRED PICKUP DATE AND TIME

Date: Time (check one): ☐ Morning ☐ Afternoon ☐ Specific time:

AGREEMENT

The agency is responsible for thoroughly instructing any driver they authorize to drive the vehicle named in this lease about the requirements stated in the Driver Responsibility Certification ([OMES CAM Form FM015C](#)); the agency is also responsible for ensuring each driver agrees to comply with the requirements by requiring each driver sign Form FM015C. The undersigned, being duly authorized to sign a state vehicle lease on behalf of the agency named herein, has read and understands the terms contained in this state vehicle lease ([OMES CAM Policy FM L001](#)) and hereby affirms that use of this vehicle will be strictly limited to the employees of the agency named herein and that any driver assigned to drive the vehicle will be properly instructed.

SIGNATURES

Name of agency fleet administrator	Phone
Title	Email
Signature of agency fleet administrator	Date