



In accordance with [OAC 260:75-1-2\(b\)](#) and [74 O.S. § 78a \(A\) and \(B\)](#), all state agencies with authority to own motor vehicles must submit this form not less than 30 days **before** the proposed purchase of any vehicle, even if exempt from the Oklahoma Central Purchasing Act.

- Attach a copy of the requisition. (Refer to Vehicle information below for additional attachments as needed.)
- Complete and sign this form electronically, then email it to mfr@omes.ok.gov.

AGENCY INFORMATION

Agency name	Agency number	Authorized to acquire vehicles pursuant to the Oklahoma Statutes Title:	Section:
-------------	---------------	--	----------

Address

Agency fleet administrator name	Phone	Email
---------------------------------	-------	-------

VEHICLE INFORMATION

Quantity	Year	Make	Model	Detail (trim, driveline, fuel system, cab, etc.)
----------	------	------	-------	--

Dealer name

Justify any options over the standard price (add pages if necessary) and attach dealer's quote:

Est. annual mileage	Justify if less than 12,000 miles per year:
---------------------	---

Is request seeking to acquire [alternative fuel vehicle](#) (B20 diesel, CNG, E85, LPG)? ☐ Yes ☐ No

Is request seeking to acquire [a gas-electric hybrid or fully electric vehicle](#)? ☐ Yes ☐ No

If you answered no to either of the above questions, provide justification below:

☐ Expansion (justify):

☐ Replaced vehicle(s) (list below; attach extra page if necessary):

Unit #	Year	Make	Model	VIN	Mileage

What is the purpose of the vehicle(s)?

For replacement vehicles less than 2 years old or with less than 60,000 miles, state estimated cost of repair:

SIGNATURE

The undersigned, being duly authorized to sign for the agency named herein, for the purpose of requesting approval of a vehicle acquisition pursuant to 74 O.S. § 78a, hereby affirms that the requesting agency has:

1. An actual need for said vehicle and sought smallest and most economical option for the mission.
2. Sufficient funds to acquire and maintain vehicle.

Applicant name	Phone
Title	Email
Applicant signature	Date

FOR OMES USE ONLY

☐ Approved ☐ Denied (reason for denial):

OMES Fleet Management manager signature	Date
---	------