



Fleet Management
FLEET INVENTORY DATA SHEET
(VEHICLE, AIRCRAFT, WATERCRAFT)
Capital Assets Management

The agency must complete and sign this form electronically and email it to fleet.system@omes.ok.gov. (Attach a copy of approved OMES CAM Form FM016, if applicable.)

AGENCY INFORMATION

Agency name	Agency #	Division
Address		
Fleet contact name and title	Email	Phone

UNIT ASSIGNMENT AND LOCATION

Unit is parked at:	<input type="checkbox"/> Primary state office	<input type="checkbox"/> Field office	<input type="checkbox"/> Home (submit OMES CAM Form FM022)
If unit is parked at home:	<input type="checkbox"/> Driven from home to work	<input type="checkbox"/> Work from home	
Unit is parked in county:	City:	ZIP code:	
Shared vehicle:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's state ID# and name:	

UNIT ACQUISITION DATA

Acquired through (check one):	<input type="checkbox"/> Purchase	<input type="checkbox"/> Seizure	<input type="checkbox"/> Donation	<input type="checkbox"/> 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 title):		
Agency unit #:	Marked:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Color:
Year:	Make:	Model:	Trim:
Vehicle type:	<input type="checkbox"/> Passenger	<input type="checkbox"/> Cargo	<input type="checkbox"/> Truck <input type="checkbox"/> Other:
Nonvehicle type (if applicable):	<input type="checkbox"/> Plane	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Watercraft <input type="checkbox"/> Other:
Body characteristics			
Number of seats:	Number of doors:	Drivetrain type:	<input type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> AWD <input type="checkbox"/> 4WD
Special equipment:	<input type="checkbox"/> Lift	<input type="checkbox"/> Hitch	<input type="checkbox"/> Bed cover <input type="checkbox"/> Other:

FUEL SUPPLY INFORMATION

Fuel supply:	<input type="checkbox"/> OEM <input type="checkbox"/> Converted	Tank(s) capacity:
Dedicated type:	<input type="checkbox"/> Diesel <input type="checkbox"/> Unleaded <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Electric	
Bi-fuel type:	<input type="checkbox"/> Flex fuel <input type="checkbox"/> Bi-fuel CNG <input type="checkbox"/> Bi-fuel propane <input type="checkbox"/> Hybrid	

DISPOSAL/SALE INFORMATION

Date:	Ending odometer/hour:	Amount:
Disposal type:	<input type="checkbox"/> Open auction <input type="checkbox"/> Consignment <input type="checkbox"/> Sealed bid <input type="checkbox"/> Transfer <input type="checkbox"/> Theft <input type="checkbox"/> Wreck	