



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: Primary state office Field office Home (submit [OMES CAM Form FM022](#))

If unit is parked at home: Driven from home to work Work from home

Unit is parked in county: _____ City: _____ ZIP code: _____

Shared vehicle: Yes No Driver's state ID# and name: _____

UNIT ACQUISITION DATA

Acquired through (check one): Purchase Seizure Donation 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: Yes No Color: _____

Year: _____ Make: _____ Model: _____ Trim: _____

Vehicle type: Passenger Cargo Truck Other: _____

Nonvehicle type (if applicable): Plane Helicopter Watercraft Other: _____

Body characteristics

Number of seats: _____ Number of doors: _____ Drivetrain type: FWD RWD AWD 4WD

Special equipment: Lift Hitch Bed cover Other: _____

FUEL SUPPLY INFORMATION

Fuel supply: OEM Converted Tank(s) capacity: _____

Dedicated type: Diesel Unleaded CNG Propane Electric

Bi-fuel type: Flex fuel Bi-fuel CNG Bi-fuel propane Hybrid

DISPOSAL/SALE INFORMATION

Date: _____ Ending odometer/hour: _____ Amount: _____

Disposal type: Open auction Consignment Sealed bid Transfer Theft Wreck