

## VEHICLE ACQUISITION JUSTIFICATION FORM

**A. MISSION PROGRAM** – (select the Program requesting vehicle)

- |                                            |                                      |                                   |                                |                                     |
|--------------------------------------------|--------------------------------------|-----------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> ADMINISTRATION    | <input type="checkbox"/> EDUCATION   | <input type="checkbox"/> DOT      | <input type="checkbox"/> IPSOD | <input type="checkbox"/> FACILITIES |
| <input type="checkbox"/> NATURAL RESOURCES | <input type="checkbox"/> FIRE        | <input type="checkbox"/> FORESTRY | <input type="checkbox"/> NIFC  | <input type="checkbox"/> OCIO       |
| <input type="checkbox"/> OJS               | <input type="checkbox"/> REAL ESTATE | <input type="checkbox"/> OTHER    |                                |                                     |

**B. TYPE OF VEHICLE REQUEST** – (for additional vehicles select see attachment and include an attachment with the information below)

1.  NEW VEHICLE ACQUISITION (check one) –  GSA Leased  Interior owned

Location of where new vehicle will be garaged.

Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Location of where new vehicle will be garaged.

Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

See Attachment

2.  REPLACEMENT VEHICLE – (for additional vehicles select see attachment and include an attachment with the information below)

Plate # \_\_\_\_\_ Mileage \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Location of where replacement vehicle will be garaged.

Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Plate # \_\_\_\_\_ Mileage \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Location of where replacement vehicle will be garaged.

Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

See Attachment

3.  GSAXCESS – (this option applies for used vehicles acquires through GSAXcess)

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Mileage \_\_\_\_\_

**C. LENGTH of VEHICLE REQUEST** - (indicate the duration requirement of vehicle(s) requested)

Short Term:  Weeks  Months      Long Term:  Continuous (year to year)

**D. CONDITIONS/PRIMARY DRIVING** – (check which condition/s vehicle will be used under)

- |                                                  |                                                  |                                        |
|--------------------------------------------------|--------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Dirt & Off Road Terrain | <input type="checkbox"/> City and/or Express way | <input type="checkbox"/> High Altitude |
| <input type="checkbox"/> Wet Pavement            | <input type="checkbox"/> Snow & Ice              | <input type="checkbox"/> Mud           |
| <input type="checkbox"/> High Winds              | <input type="checkbox"/> Steep Grades            |                                        |

**E. DURATION** – (indicate the number of hours, days, and miles vehicle is estimated to be driven)

- Hours vehicle will be in use (p/day)       Days vehicle will be in use (p/mo)  
 Miles driven daily

**F. PASSENGERS Y/N**

\_\_\_ Number of Passengers carried

**G. CARGO**

Type Cargo (specify) \_\_\_\_\_

**H. USERS (indicate Y or N to all questions to identify drivers of the vehicle)**

Y/N Individually assigned indicate name(s)

\_\_\_\_\_

Y/N Vehicle used for Home-To-Work (submit request see Field Work Authorization FPMR Subpart 101-6.4)

Y/N Multiple users

Y/N Contractor(s) name (s) \_\_\_\_\_

**I. SOURCES for ACQUISITION of VEHICLE(S)**

Y/N Acquisition

- Auto Choice (GSA Auto Choice is for vehicle acquisitions)  
 Other acquisition – open contract  
 GSAXcess  
 Other (explain) \_\_\_\_\_

Y/N Commercial Lease (provide justification for lease over acquisition for IA own vehicle)

\_\_\_\_\_

Proof GSA unable to provide a lease vehicle

Y/N GSA Lease (provide justification for GSA lease over acquisition for IA own vehicle)

\_\_\_\_\_

\_\_\_\_\_ BOAC number for GSA lease vehicle (check with RFM if unknown)

**J. TYPES OF VEHICLES REQUESTED**

Sedan  Subcompact  Compact  Midsize  Police Package only

Bus

Passenger 4x2:  24  64  Other

Passenger 4x4:  24  64  Other

Light Duty (LD) Trucks (GVWR under 8,499 lbs.)

Van  Cargo  Passenger

4x2  Truck  SUV

4x4  Truck  SUV

Medium Duty Trucks (GVWR over 8,499 lbs.)

Van  Cargo  Passenger

4x2  Truck  SUV

4x4  Truck  SUV

Heavy Duty Trucks (GVWR over 12,499 lbs.)

**K. FUEL TYPE – all requests for gas type vehicles must be E85 as directed in Presidential EO unless vehicle is not equipped for E85**

Electric  Propane  Diesel (including Bio diesel)  Gas Flex Fuel (E85)

Gas Medium/Heavy Duty Truck

**L. MOTOR POOL is there motor pool in your service area, i.e. Regional, Agency, School (indicate Y or N)**

Y/N

- M. EXCESS (non-surplus) VEHICLE** is there (indicate Y or N):  
Y / N Within your Program  
Y / N Regional Office Fleet Manager/Regional Property Officer (ROFM/RPO) contacted  
Y / N EXCESS VEHICLEs reported by ROFM/RPO

- N. STAFFING & ON-HAND VEHICLES** (indicate number(s))  
\_\_\_\_ Individuals at the requesting activity

Number of Vehicles (indicate a specific number for each:)

- \_\_\_\_ Bureau owned  
\_\_\_\_ GSA Leased  
\_\_\_\_ Commercial Leased

- O. PROVIDE** a brief statement on the intended use for the vehicle based on the vehicle acquisition type. Note: Include copy of the utilization report for all the vehicles assigned to the requesting Agency.

- P. Activity Address Code (AAC):** \_\_\_\_\_

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NAME & TITLE REQUESTOR

DATE

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SIGNATURE

**FIELD OFFICE APPROVAL**

I certify that this vehicle is part of the field office Fleet Management Plan and that the estimated cost of this vehicle is fully justified by the mission statement. The vehicle is the smallest, most fuel-efficient and economic type of vehicle that will adequately perform the proposed mission.

\_\_\_\_\_  
Office Program Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Regional Director/Director OJS/Director BIE/DAS-M Director/NIFC Official

\_\_\_\_\_  
Date

**REVIEW BY REGIONAL/CENTRAL OFFICE FLEET MANAGER**

I have reviewed the request and:

<input type="checkbox"/>
<input type="checkbox"/>

Concur with the order as submitted

Requested additional information to justify the order and now concur:

\_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/>
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Denied the request based on the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Regional/Central Property Officer

\_\_\_\_\_  
Date

1. Vehicle was ordered and placed in the Autochoice garage on:

\_\_\_\_\_  
Date

2. Vehicle was ordered through GSA Lease on:

\_\_\_\_\_  
Date

3. Vehicle was ordered Commercially on:

\_\_\_\_\_  
Date

Copy sent to Accounting for obligation:

\_\_\_\_\_  
Date

Copy sent to Central Office for approval:

\_\_\_\_\_  
Date  
\_\_\_\_\_  
\_\_\_\_\_