VEHICLE ACQUISITION JUSTIFICATION FORM

A. MISSION PROGRAM – (select the Program requesting vehicle)
☐ADMINISTRATION ☐EDUCATION ☐DOT ☐IPSOD ☐FACILITIES
☐NATURAL RESOURCES ☐FIRE ☐FORESTRY ☐NIFC ☐OIMT
☐OJS ☐REAL ESTATE ☐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)
☐ Dirt & Off Road Terrain ☐ City and/or Express way ☐ High Altitude
☐ Wet Pavement ☐ Snow & Ice ☐ Mud
☐ High Winds ☐ 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): _____

_____

NAME & TITLE REQUESTOR   DATE

_____

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:

☐   Concur with the order as submitted

☐   Requested additional information to justify the order and now concur:

_____

_____

☐   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