

For FMS Use	
Date Received	
Tracking Number	

Please scan and email completed form to: BGS.FleetServices@vermont.gov

VEHICLE REQUEST JUSTIFICATION FORM

Agency/Department	Agency/Dept Contact Name
Division	Agency/Dept Contact Email
Agency/Department Financial Manager or Authorized Person for Financial Commitments:	(AOT only: Central Garage must review/approve AOT requests)

SECTION A: VEHICLE REQUEST INFORMATION

Expansion/Replacement	<input type="checkbox"/> Expansion <input type="checkbox"/> Replacement <i>(Complete Section E for Expansion Requests)</i>
Vehicle Assignment Term	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary/Seasonal <i>(limited supply; first come, first serve)</i>
Primary Use	<input type="checkbox"/> Individual Assignment <input type="checkbox"/> Shared Use
Name of Assigned Individual or Shared Group/Location	

SECTION B: VEHICLE TO BE REPLACED

Year	
Make	
Model	
License Plate Number	
Current Odometer	
Annual Miles Driven (Prior FY Actual)	

SECTION C: REQUESTED VEHICLE

Annual Miles Driven (Estimated)	
Vehicle Category	<p>SEDAN/HATCHBACK</p> <input type="checkbox"/> Compact <input type="checkbox"/> Mid-Size <input type="checkbox"/> Hatchback <input type="checkbox"/> Full-Size <input type="checkbox"/> Station Wagon <input type="checkbox"/> Plug-In Electric <input type="checkbox"/> Full Electric
	<p>SUV</p> <input type="checkbox"/> Compact <input type="checkbox"/> Mid-Size <input type="checkbox"/> Full-Size <input type="checkbox"/> Plug-In Electric <input type="checkbox"/> Full Electric
	<p>VAN</p> <input type="checkbox"/> Minivan <input type="checkbox"/> Minivan, Plug-In Electric <input type="checkbox"/> 12-Passenger <input type="checkbox"/> Cargo
	<p>TRUCK (check all that apply)</p> <input type="checkbox"/> Mid-Size <input type="checkbox"/> ½ Ton <input type="checkbox"/> ¾ Ton <input type="checkbox"/> Cab & Chassis w/Dump Body <input type="checkbox"/> Std Cab <input type="checkbox"/> Ext Cab <input type="checkbox"/> Crew Cab <input type="checkbox"/> Short Bed <input type="checkbox"/> Long Bed <input type="checkbox"/> Plug-In Electric <input type="checkbox"/> Full Electric
Additional Options (Check all that apply)	<input type="checkbox"/> AWD/4WD <input type="checkbox"/> Snow Plow <input type="checkbox"/> Lightbar <input type="checkbox"/> Wigwags <input type="checkbox"/> Bedliner <input type="checkbox"/> Step Boards <input type="checkbox"/> Security Divider <input type="checkbox"/> Fiberglass Cap <input type="checkbox"/> Tonneau Cover <input type="checkbox"/> Police/Special Service Equipped <input type="checkbox"/> Tow Pkg w/Min. GVWR of _____ lbs. <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other

Hybrid engine is required when available as an option. Plug-in electric hybrid or full electric must be selected when feasible.

VEHICLE JUSTIFICATION FORM (Page 2)

SECTION D: JUSTIFICATION

Pursuant to Executive Order 15-12 (Governor's Climate Cabinet and State Agency Climate Action Plan), in an effort to conserve resources, save energy, and reduce greenhouse gas emissions, FMS provides right-sized vehicles to departments for state travel. Travel in all types of weather is an expectation of all fleet vehicles; driving in winter weather is generally not considered sufficient justification for a four-wheel or all-wheel drive vehicle.

Special Requirements: Check all that apply and then describe in detail in the space provided below.

- ☐ Regularly driven off road or on unimproved roads ☐ Equipment/Tool Storage ☐ Special Use/Function
☐ Emergency Response ☐ Mission Critical ☐ Other

Please describe the primary function of the vehicle and any specific needs:

SECTION E: ADDITIONAL JUSTIFICATION FOR EXPANSION VEHICLES

This section must be completed when this will increase the fleet size.

Reason for Expansion: Check all that apply and then describe in detail in the space provided below:

- ☐ New Statutory Requirements
☐ Fleet Increase Approved by Agency Secretary/Department Commissioner,
☐ Replacing Mileage Reimbursement for Estimated Annual Savings \$
☐ Other

Describe the need to expand the fleet here and how the travel/function is currently being accomplished. Also, indicate if this will result in cost-savings to the State and any adverse impacts if the requested vehicle is not acquired.

SECTION F: APPROVAL OF REQUESTING AGENCY – SECRETARY/COMMISSIONER/APPOINTING AUTHORITY

Signature of Appointing Authority:	Printed Name and Title:	Date:

For FMS Use		
Vehicle Make/Model Recommended:	Vehicle Make/Model Accepted:	PO #:
Retired Vehicle EPA MPG:	New Vehicle EPA MPG:	PO Issue Date: