General Information:

Agency Name: ____________________________  Agency Number: ____________________________
Division Name: ____________________________  Division Number: ____________________________
Fleet Contact: ______________________________  Title / Position: ____________________________
Phone: __________________ Fax: __________________ E-Mail: __________________

Unit Assignment and Location:

Unit Parked at:  
- [ ] Primary State Office
- [ ] Field Office
- [ ] Home (submit Form 022), then:  
  - [ ] Driven from Home to Work, or  
  - [ ] Work from Home

Unit Parked County (name & #): ____________________________  City: __________________  Zip: ____________
Shared Vehicle:  
- [ ] Yes
- [ ] No, Driver’s State ID# & 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 the title): ____________
Agency Unit #: ____________________________  Marked:  
- [ ] Yes
- [ ] No
Color: ____________________________
Year: ________  Make: ____________________________  Model: ____________________________  Trim: ____________
Vehicle Type:  
- [ ] Passenger
- [ ] Cargo
- [ ] Truck
- [ ] Other: ____________________________
Non-Vehicle Type (if appl.)  
- [ ] Plane
- [ ] Helicopter
- [ ] Watercraft
- [ ] Other: ____________________________
Body Characteristics:  
- [ ] # of Seats: ____________________________
- [ ] # of Doors: ____________________________
Drive Train 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 (check one):  
- [ ] Open Auction
- [ ] Consignment
- [ ] Sealed Bid
- [ ] Transfer
- [ ] Theft
- [ ] Wreck

OMES CAM/FLEET - FORM 017 (08/04/2020)