**Additional Vehicle Request for Special Project or Research Use**

Instructions: Agencies/Campuses will submit this form as part of their request for an additional vehicle in accordance with PRO-506, Vehicle Procurement. This form does not provide permission to proceed with the procurement of a vehicle. Approval through the appropriate State of Wisconsin procurement processes must be obtained. The form confirms that the vehicle request has been reviewed and provides additional considerations required by the Department of Administration Divisions as listed below.

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| **Agency Information** | | | | | | |
| Requesting Agency: | | | | | Email: | |
| Division that will own the Vehicle: | | | | | Date: | |
| Staff Contact: | | | | | Vehicle Position ID: | |
| Email Contact: | | | | | Telephone: | |
| Vehicle Class Requested | | Estimated Yearly/  Annual Miles Driven | | Estimated Days Vehicle will be utilized per week | | Vehicle will be for (Check one)  Research  Special Use/Project  Other: \_\_\_\_\_\_\_\_\_\_\_ |
| 1. Vehicle will be utilized for the following application/project detail: | | | | | | |
| 1. Will this vehicle be driven on public roads:  Yes  No 2. If question number 2 is Yes, complete the information below:    1. Who will operate the vehicle? Are they State employees and do they have a current Vehicle User Agree on file?  |  |  |  | | --- | --- | --- | | Name of Driver | Employee of Agency/Campus or Detail person’s relationship to project | Active VUA | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **Other:** | | | | | | |
| **Estimate length of project (x years)** | **Confirm that the State Bureau of Risk Mgmt. has been consulted?**  Yes  No  RM Personnel Name: | | **How will this vehicle be registered:**  Vehicle will NOT be registered.  (meaning it will NOT operate on public roads)  Vehicle will be registered with a “State” (red) license plate.  Vehicle will be registered with a standard license plate. | | | |

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| 1. **Who and how will the vehicle be maintained? Has an operational budget plan been established?**    1. Person who will be in charge of maintenance:    2. Operational budget plan has been established:    3. Detail maintenance plan (will maintenance be performed at a specific facility-by specific personnel or will a maintenance service company be used (ARI), etc.: | |
| 1. **End of life disposal plan:**   Vehicle has NOT been modified from Manufacturer’s approved specifications and can be sold at public sale.  Vehicle HAS been modified from Manufacturer’s standard production specifications OR is a modified Research vehicle. (If this box has been checked, complete detail requested below)  This vehicle will NOT be available for public sale.  Provide specific detail for vehicle’s end of life disposal plan and how vehicle disposal will be documented. All receipts, photos, etc. shall be kept for future reference. | |
| **If the Governor approves the additional vehicle through a Governor’s waiver request, the vehicle will be entered into the State’s Enterprise Fleet Management system (EFM) that tracks and documents all State-owned vehicles.**   * A new Vehicle Fleet Position number will be assigned under the Agency/Campus designation and will be marked either “Research” or “Special Use.” This position will be separate from the Agency/Campus working Fleet vehicles and will NOT be eligible for replacement. * If replacement of this vehicle is needed, a new Governor’s waiver request along with an updated “Additional Vehicle Request for Special Project or Research Use” form must be submitted for consideration and review. | |
| **Agency/Campus Fleet Manager has been contacted:  Yes  No**  **Fleet Personnel Name:**       **Date Contacted:**  **Vehicle Number in EFM:**       **Vehicle Position ID:** | |
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| **Name of Agency Authorized Personnel approving the request:**        **Title:** | |
| **Signature:** | **Date:** |

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| **Completed form is to be submitted with Governor waiver request. The request must be reviewed by the following Divisions:** | | | |
| Agency/Campus Risk Management  **\*Agency/Campus must route and obtain approval/signature prior to sending to DOA Fleet Procurement Manager** | Name: | Initialed: | Date: |
| **DOA Fleet Procurement Manager will route document via DocuSign for review by the personnel areas listed below:** | | | |
| DOA Risk Management | Name: | Initialed: | Date: |
| DOA Vehicle Procurement Mgr. | Name: | Initialed: | Date: |
| DOA State Fleet Director | Name: | Initialed: | Date: |
| **Additional Requirements Recommended with the review of the vehicle request:** | | | |