

PRIOR to completion of DMS Form MP6301, review Chapter 287 [Part II](#) F.S., Means of Transport.

Reference guidelines are provided in DMS Fleet Management Procedure Number [FMP1](#); Fleet Acquisition:
Purchase, Lease, Rental, Donation & Transfer of Motor Vehicles and Mobile Equipment

A. REQUESTOR	
Department: _____	Request #: _____
Division: _____	Date: _____
Name: _____	Title: _____
Address: _____	City: _____ Zip: _____
Phone: _____	Fax: _____
Email: _____	

B. DESCRIPTION OF MOTOR VEHICLE(S) AND MOBILE EQUIPMENT TO BE ACQUIRED
<p>Requesting agency is encouraged to review the operating expenses associated with the requested representative model equipment. U.S. Department of Energy: www.fueleconomy.com</p>
<p>State Commodity Code: _____ Color: _____</p> <p>DOT Fleet Code: _____ (For Department of Transportation Use Only)</p> <p>Representative Model Description (As stated on the contract price sheet):</p>
<p>Method or Type of Acquisition Requirements.</p> <p>Please select the Method or Type of Acquisition.</p> <p>The following selections require the completion of Sections A-G:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> State Term Contract Purchase of Motor Vehicle(s) <input type="checkbox"/> Invitation To Bid Purchase (Requires ITB# _____) <input type="checkbox"/> Used Motor Vehicle Purchase <input type="checkbox"/> GSA 1122 "Counter-drug" Program Purchase (Requires GSA# _____) <input type="checkbox"/> Alternate Contract Source Purchase (Also requires completed authorization from DMS State Purchasing) </div> <div style="width: 50%; margin-top: 10px;"> <p>The following selections require the completion of ALL Sections, except F:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> State Term Contract Purchase of Mobile Equipment (e.g., Commercial Trucks (Class 4-8), Heavy Equipment and other related equipment.) <input type="checkbox"/> Transfer (Requires all sections except F unless agency exchange of equipment) <input type="checkbox"/> Other; Requires further explanation: </div> <div> <input type="checkbox"/> Used Mobile Equipment Purchase <input type="checkbox"/> Donation <input type="checkbox"/> Lease </div> </div> </div> </div>

Essential Options Requested to Support Agency Mission: <input type="checkbox"/> <i>Agency approver indicates no options were selected</i> Original Equipment Manufacturer (OEM) Option Codes and Description(s) with detailed justification:
Identified Aftermarket Option Description(s) with detailed justification:
Non-Identified Aftermarket Option Description(s) with detailed justification:
Other State Term Contract Option, Order or Product Codes and Descriptions with detailed justification:
<input type="checkbox"/> See attached awarded Contract Price Quote (PQF) <i>By selecting this box, Agency approver certifies they have approved the requested representative model and options (if applicable).</i>

C. STATUS OF MOTOR VEHICLE(S) AND MOBILE EQUIPMENT IN AGENCY FLEET
Does your agency have specific Legislative approved funding authority to purchase additional fleet vehicle(s) and equipment?
<input type="checkbox"/> Yes Requires copy of the specific funding authority (e.g., D3A; Legislative Budget Request Approval; Grant; Designated Federal or Trust Funding Appropriation for Acquisition of Motor Vehicles and Mobile Equipment; or, Equipment & Furniture Document, Etc.) attached to the purchase requisition.
<input type="checkbox"/> No Requires completed entries in section F. Description of Replaced Equipment for Automobiles, Light Trucks, Buses, Motorcycles and other vehicles designed primarily for transporting persons, Watercraft and Aircraft. Exemptions include Mobile Equipment: (e. g., Commercial Trucks (Class 4-8), Heavy Equipment and other related equipment.)

D. ASSIGNMENT OF MOTOR VEHICLE(S) AND MOBILE EQUIPMENT
Assignee: _____ Title: _____ Estimated Annual Miles/Hours: _____ DOT Cost Center: _____ DOT Shop #: _____ <div style="text-align: right; font-size: small;">(For Department of Transportation Use Only)</div>
Note: Projected entries less than 10,000 miles require agency head annually written justification for the need of the assignment of a motor vehicle. Reference Florida Statutes 287.17 Limitation on use of motor vehicles and aircraft (4),(a).
<input type="checkbox"/> A-1 POOL ASSIGNMENT: Pool vehicles for general use by employees that do not have a vehicle assigned to them. <input type="checkbox"/> B-1 LIMITED USE PASSENGER CARRYING VEHICLES: Employee has requirements for a full-time use of a vehicle during regular working hours, but vehicle remains parked at office overnight and when not in use. <input type="checkbox"/> B-2 LIMITED USE NON-PASSENGER CARRYING VEHICLES: Employee has requirement for full-time use of vehicle during regular working hours but vehicle remains parked at office overnight and when not in use. <input type="checkbox"/> C-1 PERQUISITE: Employee is entitled to use of vehicle by virtue of his position and is so approved and authorized as a perquisite by the Department of Management Services. <input type="checkbox"/> C-2 LAW ENFORCEMENT: Employee is subject to special emergency calls from his residence for law enforcement. <input type="checkbox"/> C-3 EMERGENCY SERVICE: Employee is subject to emergency calls from his residence for the protection of life or property.

- ☐ **C-4 EMPLOYEE'S HOME IS OFFICE:** Employee's home is his official base of operation and vehicle is parked at home when not in use.
- ☐ **Not Applicable for requested equipment**

E. DETAILED JUSTIFICATION OF MOTOR VEHICLE(S) AND MOBILE EQUIPMENT

Include specific applications for this size, options and type of equipment.

Towing Package (standard or optional equipment) **ALL** trucks and SUVs require entries in section E (Max. Load Carried (Payload), % of Time Load Carried, Max. Towed Load and % of Time Towed) or detailed explanation for frame mounted receiver hitch, fifth wheel or gooseneck to accommodate essential accessory mounts and trailering options. Original Equipment Manufacturer (OEM) Towing Package options, to include dealer installation of OEM parts, are recommended for all representative model towing needs.

Detailed explanation for frame mounted receiver hitch, fifth wheel or gooseneck as required:

Enter Gross Vehicle Weight Rating (GVWR) as provided by trailer manufacturer: _____

(Required when towing package is acquired (standard or optional) for trailer towing)

Is trailer equipped with electric brakes? ☐ Yes ☐ No

(Trailer brake controller is recommended for trailers weighing more than 1500 lbs. when loaded)

Towing Utilization: ☐ Local ☐ Statewide

Vehicle Utilization Environment: Paved road: ☐ Yes ☐ No

Off-road: ☐ Yes *(Requires detailed Off-road utilization description)* ☐ No

Detailed Off-road utilization description:

Enter agency performance needs in the categories identified below.

Max. Load Carried (Payload)	% of Time Load Carried	Max Number of People Carried	% of Time People Carried	Max Towed Load	% of Time Towed

- **Payload** = Cargo Weight (Includes Optional Equipment and Trailer Tongue Weight (10-15% of loaded trailer if applicable), + Passenger Weight. 5th-wheel trailers, king pin weight is 15-25% of loaded trailer weight. **Note:** Payload is always deducted from Manufacturers stated Maximum Towing Capacity to ensure safe trailering.
- **All Manufacturers stated Maximum Towing Capacity can only be achieved with a weight distribution hitch supporting manufacturer tongue weight limitations.**
- **Weight Carrying Hitches have limitations.** Refer to manufacturers towing guide for specifications.
- **Gross Vehicle Weight Rating (GVWR)** is the maximum allowable weight of the fully-loaded vehicle (including passengers and cargo).

- **The Gross Vehicle Weight (GVW must never exceed the GVWR).** Stated on Safety Compliance Certification Label on inside of vehicle driver door jam.
- **Gross Vehicle Weight (GVW) =** Base Curb Weight + Cargo Weight + Passenger Weight + Trailer Tongue Weight

F. DESCRIPTION OF REPLACED MOTOR VEHICLE(S) AND MOBILE EQUIPMENT

All applicable fields must be completed. FLEET

Equipment Number: _____ **Year:** _____ **Make:** _____

Model: _____ **Type** (Sedan, SUV, Van, Pickup, etc.): _____

VIN or S/N: _____ **Odometer:** _____ **Hour Meter:** _____

Supporting documentation must be attached to the purchase requisition for needed mechanical or body repair damage that exceeds the fair market value for replaced equipment which doesn't meet the DMS Minimum Equipment Replacement Criteria for Automobiles, Light Trucks =<1TON, Buses, Motorcycles, Watercraft, Aircraft and other vehicles designed primarily for transporting persons.

Wrecked vehicles not meeting the DMS Minimum Equipment Replacement Criteria require a copy of the law enforcement accident report, body repair estimate or insurance letter validating vehicle condition as (Totaled) unless already approved for surplus as disposed in FLEET.

G. AUTHORIZATION INFORMATION OF APPROVER OR DELEGATE

Contact Name: _____ **Phone:** _____
Address: _____ **City:** _____ **Zip:** _____

Authorized Signature: _____

Authorized signature certifies that the above information is true and correct.

FAILURE TO COMPLETE ALL APPLICABLE SECTIONS AND INPUT CURRENT FLORIDA EQUIPMENT ELECTRONIC TRACKING (FLEET) SYSTEM DATA WILL DELAY PROCESSING OF THIS REQUEST.