



STATE OF DELAWARE
OFFICE OF MANAGEMENT AND BUDGET
OFFICE OF FLEET SERVICES
REQUEST FOR BLOCKED VEHICLE

INCOMPLETE FORMS CANNOT BE PROCESSED

NOTE: All State-Owned motor vehicles shall bear a license plate which carries the notation "STATE OWNED." Exemptions may be approved by the Director of the Office of Management and Budget, per 29, Del. C. §7107 that reads "All state-owned motor vehicles shall bear on the rear license plates issued by the Division of Motor Vehicles the notation "STATE OWNED." All state-owned boats shall bear prominent identification on the rear thereof identifying such boats as state-owned. The automobile used by the Governor, and law-enforcement vehicles and vessels of State agency law enforcement personnel covered under the provisions of the Delaware Council on Policy Training, are exempted from the requirements of this section. Other exemptions from this section must be approved by the Director of the Office of Management and Budget." In addition Fleet Services Operating Policies and Procedures, specifically VO-19 will apply to the assignment decision.

AGENCY NAME/ADDRESS:

D/D/S (BILLING) CODE:

Funding Source (GF/ASF/NSF):

REQUESTOR:

CONTACT NAME:

CONTACT PHONE NUMBER:

REQUESTED VEHICLE TYPE (e.g., Sedan, Minivan, etc.)

AUTHORIZED DRIVER(S):

LICENSE NUMBER(S):

CONTACT PERSON & BUSINESS E-MAIL ADDRESS:

CONTACT PHONE NUMBER:

REQUESTED START DATE:

CURRENT TRAVEL ARRANGEMENTS:

PROPOSED VEHICLE HOUSING:

ANTICIPATED MILEAGE PER WEEK:

(Note: Vehicles must be utilized 4 out of 5 work days)

ANTICIPATED TIME NEEDED:

1-6 Months

1 Year

Indefinitely

(Note: all blocked vehicles will be reviewed for need/use on an annual basis and continued assignment contingent upon review)

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AGENCIES MUST AGREE TO THE FOLLOWING CONDITIONS:

- 1: Blocked vehicles will be operated only by drivers authorized by Fleet Services.
- 2: All vehicles are monitored by vehicle tracking equipment. Intentional damage to the tracking equipment will be cause to immediately end the vehicle assignment.
- 3: Blocked vehicles will be surrendered on a routine basis to Fleet Services for routine maintenance or repair.
- 4: Fleet Services reserves the right to end a vehicle assignment at any time the need for the vehicle is no longer demonstrated.
- 5: Failure to comply with any Fleet Services Policy & Procedure (see <http://gss.omb.delaware.gov/fleet>) may result in the termination of the blocked vehicle assignment.

JUSTIFICATION FOR ISSUING VEHICLE—How will it be used? Cost justify the need for an ongoing vehicle assignment. If requesting other than a mid-size sedan, cost justify the need for a larger or specialized vehicle type.

Check if special equipment is required and complete the questions below.

Special equipment includes but is not limited to decals, truck bed covers, tow hitches, emergency warning lights, radios, laptop stands tinted windows or any other equipment that alters the appearance or operation of the unit from its Original Equipment Manufacturer (OEM) configuration.

Please provide a detailed explanation of the needed equipment:

1. Described the specific equipment required and business necessity to install in a Fleet Services owned vehicle?
2. Does the equipment require special authorization {e.g. emergency lights as permitted by DE Code 21§4356(B.) or 21§4353(c)} that may limit the use of the vehicle by other operators? If yes, attach a copy of the authorization document.
3. Will the operator be a police officer as defined by DE Code 11§8401(5) a.& b.?
4. What is the life cycle for the installed special equipment? Will it meet or exceed the life cycle of the assigned vehicle? Can the equipment be transferred to a replacement vehicle (e.g. emergency warning lights, bed covers, tool boxes, etc.)?

Return completed form to:
Office of Fleet Services, 100 Enterprise Place, Suite 4, Dover DE 19904
SLC D100

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_____	_____
Signature of Requesting Cabinet Secretary/Agency Head	Title Date
_____	_____
(PRINT NAME)	TITLE (PRINT)

<i>FLEET SERVICES USE ONLY:</i>	EFFECTIVE DATE (IF APPLICABLE):
<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	_____
	SIGNATURE OF FLEET ADMINISTRATOR

	DATE:
TAG NUMBER ASSIGNED _____	