



Instructions (you must follow this process):

1. Save and email the completed form to vehicle.surplus@omes.ok.gov and state.surplus@omes.ok.gov.
2. OMES staff will review the request and email this form back indicating a decision (approved or denied).
3. Agency must call State Surplus at 405-525-2354 for disposal/delivery of all property approved for surplus.
4. Items will be verified against the approved form by the OMES warehouse personnel at time of delivery.
5. Any proceeds received by OMES for disposal of property will be handled in accordance with 74 O.S. § 62.5.

GENERAL INFORMATION

Agency name		Division/department	Date
Authorized officer	Auth. officer email	Contact name	Contact email
Vehicle address			County

- ☐ **Required:** By checking this box, you certify that your signature is on file with OMES Central Purchasing as an employee of the agency named herein and authorized to surplus items for the agency.

PROPERTY TRANSFER REQUEST INFORMATION

Agencies may not dispose of surplus property without prior approval of OMES. It is the responsibility of the surplus agency to: (1) delete these items from its inventory and notify OMES Risk Management, if applicable, for deletion from insurance coverage; and (2) maintain surplus records in accordance with 74 O.S. §§ 62.1 et seq.

1. The property listed on the following page(s) is surplus to the needs of this agency for the following reason(s) (check all that apply):
 - ☐ No longer needed to perform the duties of the agency.
 - ☐ Vehicle exceeded 60,000 miles or 24 months.
 - ☐ Broken and cost to repair is not economical.
 - ☐ Obsolete and not compatible with newer equipment.
 - ☐ Other (explain):
2. Approval is requested for the following disposition of this surplus property (check recommended disposition):
 - ☐ Sell in online auction.
 - ☐ Sell for scrap metal.
 - ☐ Transfer to:
 - ☐ Trade-in.
 - ☐ Disposal by OMES State Surplus with no remuneration to this agency.
 - ☐ Disposal by other means deemed to be in the best interest of the state (explain):

FEDERAL GRANT/FUNDING INFORMATION

Was any portion of the purchase or acquisition of this property funded through a federal grant or other federal assistance program?

☐ Yes ☐ No

If Yes, complete the following:

Grant title/program name	Grant number or CFDA number
Federal agency	Percentage of federal funding

CERTIFICATION (OMES STAFF ONLY)

OMES Surplus administrator:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
OMES Fleet administrator:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Comments:			

GENERAL INFORMATION

Agency name		Online OA # (OMES staff only)
Agency #	Agency asset ID #	GovDeals # (OMES staff only)

VEHICLE INFORMATION

Year	Make	Model	Vehicle Identification Number (VIN)
Mileage	Idle hours	Total hours	
Operational <input type="checkbox"/> Runs. <input type="checkbox"/> Doesn't run. <input type="checkbox"/> Dead battery. <input type="checkbox"/> Runs with problems (list known issues below in Additional Information).			Fuel type <input type="checkbox"/> Gas. <input type="checkbox"/> Diesel. <input type="checkbox"/> Gas & CNG. <input type="checkbox"/> CNG.
Transmission <input type="checkbox"/> Automatic. <input type="checkbox"/> Manual. <input type="checkbox"/> 4x4.		Pickup <input type="checkbox"/> Long bed. <input type="checkbox"/> Short bed. <input type="checkbox"/> Flat bed. <input type="checkbox"/> Work bed.	
Accessories <input type="checkbox"/> Power steering. <input type="checkbox"/> Power windows. <input type="checkbox"/> Power locks. <input type="checkbox"/> Power seats. <input type="checkbox"/> Cruise control. <input type="checkbox"/> Towing package. <input type="checkbox"/> Hitch. <input type="checkbox"/> 5th wheel. <input type="checkbox"/> Bedliner. <input type="checkbox"/> Air conditioning.			
Seats <input type="checkbox"/> Fabric/cloth. <input type="checkbox"/> Leather. <input type="checkbox"/> Vinyl.	Blows cold: <input type="checkbox"/> Yes <input type="checkbox"/> No Windshield damage: <input type="checkbox"/> Yes <input type="checkbox"/> No Seat damage: <input type="checkbox"/> Yes <input type="checkbox"/> No Floor damage: <input type="checkbox"/> Yes <input type="checkbox"/> No Dash damage: <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency equipment removed: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Estimated value:

ADDITIONAL INFORMATION

Flat tires, body damage, wrecked, runs with what problems, etc.

Form completed by	Date
-------------------	------