

Upgrade Request

If this is an out-of-cycle upgrade request, the agency will need to do a voluntary downsize of the vehicle(s) and submit a FM-10 expansion request. – Per 200 KAR 40:020 vehicles must be at least 7 years old or 140,000 miles before a replacement is considered in-cycle.

1.	Submitting Agency Name:				
2.	Current Vehicle License Plate Number: (Can include list if multiple vehicles)				
3.	What are the current duties of the vehicle(s) and provide justification for an upgraded vehicle(s)? (If towing or carrying cargo please provide the anticipated towed equipment weight and/or the payload weight – EX: Upgrading ½ ton to ¾ ton, pulling heavier loads due to increase in demand of the agency or if upgrading to a 4x4 due to geographic changes or weather-related duties)				
4.	Is there an underutilized vehicle a. If marked YES, please ju	•	•		
5.	If currently approved as a perma	anently as	ssigned vehicle (PAV), list driver:	
6.	Is this vehicle FAC Secretary ap	proved a	s a take home vehicle	e? Y	YES □ or NO □
7.	Please confirm the understandin replacement upgrade at the time	_			the difference for the YES \square or NO \square
8.	Please confirm the understandin agency upgrades, as an internal	_	•		ist of Fleet approved ∕ES □ or NO □
du	y signing below, the requester cert uties and functions of the requesting the requested vehicle will only be us	ng agency	and that the agency	affirms its res	sponsibility to ensure
Αg	gency's Authorized Approver (Ex	ec. Direc	tor or above) send to	fleet.manage	mentsupport@ky.gov.
Pri	rinted Name:		Title:		
Sig	ignature:		Dat	e:	