**Fleet Expansion Request**

If you are requesting approval to purchase a current inventory **replacement vehicle**, an expansion request is not required. See the Fleet Vehicle Use Guide for further guidance.

1. Submitting Agency Name:
2. Vehicle Description (Including make/model/year):
3. What is the intended use of the vehicle and the daily functions it will perform?

(If intended for towing or carrying cargo please provide the anticipated towed equipment weight and/or the payload weight)

1. Is there an underutilized agency vehicle available that could meet this need? YES  or NO 
   1. If marked YES, please justify the new vehicle purchase below.
2. What is the anticipated annual mileage of official use? *(Must be >7K)*

**(If the vehicle will be a take-home PAV, do not include commuting miles.)**

1. Intended funds for vehicle purchase? (i.e. federal, general, restricted)
   1. Purchase Price:
   2. Agency budget approved? YES  or NO
   3. Target Delivery Date:
   4. Will this vehicle be owned/titled to the Office of Fleet Management? YES  or NO

By signing below, the requester certifies the requested vehicle is necessary to perform authorized duties and functions of the requesting agency and that the agency affirms its responsibility to ensure the requested vehicle will only be used for official purposes, as required by KRS 44.045.

Agency’s Authorized Approver (Exec. Director or above) send to [fleet.managementsupport@ky.gov](mailto:fleet.managementsupport@ky.gov).

**Review your agency’s policy for who holds the signature authority for this purchase amount.**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_