**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)

1. 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)

1. Is there an underutilized vehicle in your agency that could meet this need? YES [ ]  or NO [ ]
	1. If marked YES, please justify an upgraded vehicle instead of using the available one.
2. If currently approved as a permanently assigned vehicle (PAV), list driver:
3. Is this vehicle FAC Secretary approved as a take home vehicle? YES [ ]  or NO [ ]
4. Please confirm the understanding that it’s the agency’s responsibility to pay the difference for the replacement upgrade at the time of purchasing the vehicle. YES [ ]  or NO [ ]
5. Please confirm the understanding that the Agency Contact will maintain a list of Fleet approved agency upgrades, as an internal control and best practice. 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.

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

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