

# FLEET SERVICES DIVISION REQUEST FOR LONG TERM ASSIGNED VEHICLE

\*THIS FORM IS TO REQUEST ADDITIONAL VEHICLES OR  
UPGRADING AN EXISTING FLEET SERVICES VEHICLE ONLY\*

**Direct questions to the Fleet Services Administrator**  
775-684-1880 or [Carsonfleet@admin.nv.gov](mailto:Carsonfleet@admin.nv.gov)

Dept: \_\_\_\_\_ Agency: \_\_\_\_\_

Budget Account: \_\_\_\_\_ Funding Source:  General Fund  HWY Fund

Does this request comply with SAM 1407 Vehicle Utilization Requirements      Yes      No

Please indicate utilization group from Sam 1407 (Ex: Group 1, Group 2 etc.) \_\_\_\_\_

**Type of vehicle requested (enter quantity needed for each vehicle):**

Qty	Vehicle Type	Qty	Vehicle Type	Qty	Vehicle Type
	Compact Sedan		SUV 4 – 6 Passenger		Minivan 7 Passenger
	Intermediate Sedan		SUV 7 – 8 Passenger		Van 12 Passenger
	EV Sedan		EV SUV 4-6 Passenger		EV ½ Ton Truck

Location of vehicle(s) (enter location of vehicle(s) and quantity at each location Ex: 3 - Reno, 2 - Elko etc.):

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**Specialty Vehicles (if not on list contact Fleet Services)**

Qty	Vehicle Type	Qty	Vehicle Type	Qty	Vehicle Type
	Police Interceptor SUV		Cargo Van Small		Handicap Van
	Police Interceptor Sedan		Cargo Van Large		EV ½ Ton Pick-Up

Location of vehicle(s) (enter location of vehicle(s) and quantity at each location Ex: 3 - Reno, 2 - Elko etc.):

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**Pickup Truck (must enter description code from vehicle schedule Ex: C-201, I-202)**

Vehicle schedule is located on the Fleet Services website: <http://motorpool.nv.gov/>

Code	Qty	Description	Code	Qty	Description

List any specialized equipment needed on trucks (camper shell, service body, ladder rack etc.)

Location of vehicle(s) (enter location of vehicle(s) and quantity at each location Ex: 3 - Reno, 2 - Elko etc.):

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**Upgrading Existing Fleet Services Vehicle(s):**

Contact Fleet Services prior to submitting

Current Vehicle Information		Requested Upgraded Vehicle Information
License	Vehicle Type	Vehicle Type Requesting

Describe usage of all vehicle(s) requested:

Fiscal Year Requested Vehicle(s) are needed:

Contact Information (Mandatory):

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Department Authorization:

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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