

\_\_\_\_\_-\_\_\_\_\_  
State Plate Number

**Instructions: Complete Section A, then contact Transportation & Parking Services at (292-6195) to arrange for drop-off of your vehicle (or towing, if necessary). Please make sure this form and gas card accompany the vehicle when delivered to Transportation & Parking Services. All fields in Section A are required except when indicated as optional. Please print or type.**

## Section A Contact & Vehicle Information

Department Name \_\_\_\_\_ Department Address \_\_\_\_\_

Equipment Coordinator Name \_\_\_\_\_ Equipment Coordinator E-mail Address \_\_\_\_\_ Equipment Coordinator Phone \_\_\_\_\_

Fiscal Contact Name (if different from Equipment Coordinator) \_\_\_\_\_ Fiscal Contact E-mail Address \_\_\_\_\_ Fiscal Contact Phone \_\_\_\_\_

\_\_\_\_\_  
Vehicle Identification Number

\_\_\_\_\_ Vehicle Year, Make and Model \_\_\_\_\_

OSU ID# \_\_\_\_\_ Asset ID# \_\_\_\_\_ Original P.O.# (where available) \_\_\_\_\_ Does vehicle have state reserved parking space?  Yes  No

(check one)  OSU owned vehicle  Leased vehicle  Other (please specify) \_\_\_\_\_

Odometer Reading (actual reading): \_\_\_\_\_

Is odometer reading actual mileage?  Yes  No

Is odometer reading in excess of mechanical limits?  Yes  No

Was the odometer of this vehicle ever repaired or replaced?  Yes  No

Was the odometer of this vehicle ever altered, set back, or disconnected?  Yes  No

**Please specify the chartfield combination that you would like the proceeds from the auction of your vehicle allocated to. This chartfield combination will also be used to charge back disposal expenses incurred by Transportation & Parking Services in the event that your vehicle does not sell at auction.**

Org. \_\_\_\_\_ Fund \_\_\_\_\_ Account \_\_\_\_\_ Project (optional) \_\_\_\_\_

The vehicle listed hereon is considered surplus to the needs of this department. It is requested that it be disposed of by Transportation & Parking Services. I hereby acknowledge that all above information is current and accurate to the best of my knowledge on the specified date.

\_\_\_\_\_ Program (optional)

\_\_\_\_\_ User Defined (optional)

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section B Vehicle Check-In

**COMPLETED BY SERVICE CENTER** Verify department and vehicle info match  Collect gas card  (Departments keep VOYAGER cards)  
Vehicle history pulled from FASTER  Extra keys from Parts cage

**COMPLETED BY MECHANIC** Odometer Reading (actual reading at time of receipt): \_\_\_\_\_ Verify VIN Number   
Outcome of Initial Inspection: Send to auction  Hold for reassignment - perform safety inspection   
Remove State plates (only if vehicle is being sent to auction)   
Outcome of Safety Inspection: Pass  Fail - feasible to repair  Fail - send to auction

**OUTCOME:** Vehicle to be auctioned  Vehicle reassigned  SECTION D completed?  If reassigned, update vehicle info in FASTER

## Section C Title Work, Proceed Allocation/Charge Back

Complete title work  Remove from listing  Contact auctioneer  Update vehicle info in FASTER

Signature of person completing title work \_\_\_\_\_ Date \_\_\_\_\_

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Price received at auction Cost of disposal Amt of credit/debit T&P Fiscal Officer Signature and Date

# State Vehicle Reassignment

	-	
State Plate Number		

**Instructions: Section D must be completed by the new owner and returned to Transportation & Parking Services within one week of receipt.**

**Section D Intra-Departmental Transfer of a Motor Vehicle or Trailer**

Department Name \_\_\_\_\_ Department Address \_\_\_\_\_

Vehicle Contact Name \_\_\_\_\_ Vehicle Contact E-mail Address \_\_\_\_\_ Vehicle Contact Phone \_\_\_\_\_

Fiscal Contact Name (if different from Vehicle Contact Person) \_\_\_\_\_ Fiscal Contact E-mail Address \_\_\_\_\_ Fiscal Contact Phone \_\_\_\_\_

\_\_\_\_\_  
 Vehicle Identification Number \_\_\_\_\_ Vehicle Year, Make and Model \_\_\_\_\_

OSU ID# \_\_\_\_\_ Asset ID# \_\_\_\_\_ Original P.O.# (where available) \_\_\_\_\_

**Please specify the chartfield combination that you would like used for fuel billing, maintenance charges, etc.**

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 Org. Fund Account Project (optional)

I request that responsibility of the above vehicle/trailer to be transferred to the specified organization accounts.

\_\_\_\_\_  \_\_\_\_\_  
 Program (optional) User Defined (optional)

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: Vehicles are transferred "as-is"**