

DEPARTMENT OF HUMAN SERVICES
OFFICE OF FACILITIES AND SUPPORT SERVICES
TRANSPORTATION SERVICES SECTION

EXHIBITS

[Exhibit 1 - Contractor Certification of Vehicle Compliance](#)

[Exhibit 2 - Complaint Form](#)

[Exhibit 3 - Complaint Resolution Form](#)

[Exhibit 4 – ARI Insights Security Form](#)

[Exhibit 5 - Vehicle Request Criteria Document](#)

[Exhibit 6 – ARI Insights Vehicle Request How-To Document](#)

[Exhibit 7 - Checklist: New Vehicle Acquisitions](#)

[Exhibit 8 - Checklist: Vehicle Donations](#)

[Exhibit 9 - Statement of Understanding- Donated Vehicles](#)

[Exhibit 10 - Checklist: Transfers between Human Service Providers within the Same Region](#)

[Exhibit 11 - Checklist: Transfers between Human Service Providers in Different Regions](#)

[Exhibit 12 - Checklist: Transfers within an Organization across County Lines](#)

[Exhibit 13 - Checklist: Transfers into DHS from External Agency](#)

[Exhibit 14 – Checklist: Disposal of State Vehicle \(DOAS Surplus Property\)](#)

[Exhibit 15 – Property Transfer Form \(DOAS\)](#)

[Exhibit 16 - Surplus Vehicle Inspection Form \(DOAS Surplus Property\)](#)

[Exhibit 17 - Vehicle Markings and Placement \(Placement of State Seals and Numbers\)](#)

[Exhibit 18 – Vehicle Inspection Form](#)

[Exhibit 19 - DHS Motor Vehicle Questionnaire](#)

[Exhibit 20 - DHS Site Visit: Driver Qualification Folder \(DQF\) Review Form](#)

[Exhibit 21 - DHS Desk Review of Vehicles](#)

[Exhibit 22 - Vehicle Load Sheet, Form 4964](#)

[Exhibit 23 - Detailed Equipment Listing Form, Form 5111 and Instructions](#)

[Exhibit 24 - Department of Motor Vehicle Safety Application for Tag and Title \(MV-1\)](#)

[Exhibit 25 - Manufacturers Statement of Origin \(MSO\)](#)

[Exhibit 26 - Non-Leased Vehicle Odometer Disclosure Statement \(Form GA-25\)](#)

[Exhibit 27 - Supervisor's Accident Investigation Report, Form 5286](#)

[Exhibit 28 - Personal Report of Accident](#)

[Exhibit 29 - Daily Vehicle Inspection](#)

[Exhibit 30 - ADA Daily Vehicle Inspection Form](#)

[Exhibit 31 - Preventative Maintenance Inspection Report](#)

[Exhibit 32 - Annual Safety Inspection Report](#)

[Exhibit 33 - DHS Vehicle Log](#)

Contractor Certification for Vehicle Compliance

Name of Contractor: _____

The following vehicles have been inspected and meet with the vehicle requirements of DHS. Documentation of Inspections is attached.

(List certified vehicles below)

| Year | Make & Model | VIN # | Tag # | Passenger Capacity |
|------|--------------|-------|-------|--------------------|
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Name of Certifying Individual: _____

Title: _____

SIGNATURE

DATE

DEPARTMENT OF HUMAN SERVICES
Office of Facilities and Support Services
COORDINATED TRANSPORTATION

COMPLAINT FORM

Name of Complainant:

Address:

City, State & Zip:

Telephone Number:

Name of Human Service Provider:

Name of Passenger:

Date of Incident:**Time of Incident:**

Location of Incident:

Incident Reported to Whom and When:

Have there been previous incidents?

Describe nature of Complaint:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date:

Signature: _____

DEPARTMENT OF HUMAN SERVICES
Office of Facilities and Support Services
COORDINATED TRANSPORTATION

COMPLAINT RESOLUTION

In Reference to Complaint Filed by:

Dated:

Date Received by Transportation Provider:**Transportation Provider:**

Describe the resolution of the complaint. Please include the steps taken to investigate the complaint, corrective actions taken to resolve problems or prevent future reoccurrences, and any related disciplinary actions taken. Use additional pages if needed. Forward this response to the individual who filed the complaint and fax a copy to the Regional Transportation Office.

Date:

Signature: _____

Security Application Form

VITAL/ARI Insights

ALL FIELDS ARE REQUIRED

| | | |
|--|---|--------------------------------------|
| New Addition <input type="checkbox"/> | Change of Information <input type="checkbox"/> | Deletion <input type="checkbox"/> |
| Date: | Agency Name: | |
| Site ID or Site-Location ID: | | |
| Employee Job Title: | | |
| Employee Name: | | |
| Employee Business Mailing Address: | | |
| Employee Email Address: | | |
| Employee Phone #: | | |
| Employee FAX #: | | |
| How were you trained on the ARI System? | | |
| | | |
| Fleet Coordinator Name: Roxanne L. Neal | | |
| Fleet Coordinator Phone #: 404.657.9454 | | |
| INSTRUCTIONS FOR PROCESSING USER REQUEST FORM | | |
| 1. Complete page one of the Security Application form. | | |
| 2. Obtain approval from your Fleet Coordinator by emailing to rlneal@dhr.state.ga.us , or faxing to 770.344.3239 | | |
| 3. Application will be processed and once completed; one of our business analysts will contact you for confirmation. | | |

Security Application Form

VITAL Insights

ALL FIELDS ARE REQUIRED

| 1. ARI USER ROLES | | |
|-------------------------------------|--|---|
| Check | Role | Role Description |
| <input type="checkbox"/> | <i>Agency: Fleet Coordinator</i> | <i>Creates, maintains and updates system asset records. Fleet Coordinators generate fleet cost reports related to assets and planned and unplanned maintenance.</i> |
| <input type="checkbox"/> | <i>Agency: Fleet Maintenance</i> | <i>Maintains minimal data on the Asset record and generates and records maintenance data on work orders.</i> |
| <input type="checkbox"/> | <i>Agency: Read Only</i> | <i>Reviews data in the system and runs reports.</i> |
| 2. VR- Related Roles | | |
| VR Related Role Definitions: | | Requester - Creates the original request to purchase new vehicles and/or transfer disposed vehicles out of Surplus. Approver – Reviews Vehicle Requests as entered by State Agency Requester and approves or declines the vehicle purchase or transfers. |
| <input type="checkbox"/> | <i>Most Agencies/Organizations:</i> <input type="checkbox"/> <i>Approval Level 1</i> <input type="checkbox"/> <i>Approval Level 2</i> <input type="checkbox"/> <i>Approval Level 3</i> | - Requester - Agency Approver - Fleet Coordinator |
| <input type="checkbox"/> | <i>If DBHDD, Check Appropriate Approval level:</i> <input type="checkbox"/> <i>DBHDD Approval Level 1</i> <input type="checkbox"/> <i>DBHDD Approval Level 2</i> <input type="checkbox"/> <i>DBHDD Approval Level 3</i> <input type="checkbox"/> <i>DBHDD Approval Level 4</i> <input type="checkbox"/> <i>DBHDD Approval Level 5</i> | - Requester - Division Regional Coordinator - Regional Transportation Office (RTO) - State Division Regional Coordinator - Agency Fleet Coordinator |
| <input type="checkbox"/> | <i>For DHS, Check Appropriate Approval level:</i> <input type="checkbox"/> <i>DHS Approval Level 1</i> <input type="checkbox"/> <i>DHS Approval Level 2</i> <input type="checkbox"/> <i>DHS Approval Level 3</i> | - Requester - Regional Transportation Office (RTO) - Agency Fleet Coordinator |



Nathan Deal
Governor

Department of
Administrative Services
Customer First, Performance Driven

Sid Johnson
Commissioner

February 2011

Vehicle Request Approval Criteria

To All Fleet Coordinators;

With regards to acquiring new vehicles and maintaining the appropriate size of the state's fleet, OFM has several goals that play into any transaction.

Goals:

1. Reduce the transportation costs for each individual agency for driving state vehicles or through travel reimbursements
2. Maintain the integrity of Policy 10
3. Surplus or redistribute unnecessary or underutilized vehicles
4. Provide acquisition options to optimize available funds and lower the average age of our vehicles.

Considering those guidelines, we have revisited the criteria for acquiring a new and/or additional vehicle.

Via Purchase:

1. Agency is to be compliant with provisions of the WEX Card Program.*
2. All cars and trucks listed in VITAL are required to have current maintenance data* (within the past calendar year).
3. Agency is to have an odometer entry dated within the previous 3 months for all passenger vehicles in VITAL Insights. Limited exceptions may be granted for specialty vehicles or special use vehicles after discussions with Agency fleet coordinator.*
4. Request is within OPB allocation.

*Compliance in these areas will correspond with the divisions of your agency. Should the requesting division meet the standards, but the agency as a whole does not, we will ask that you begin the agency-wide process to address those issues over the following 60 days and update OFM with your progress. This will not delay the VR process.

Via Lease:

Leasing can be an option in two situations:

1. Replacement of a vehicle in your fleet, or
2. Acquiring an additional vehicle in lieu of paying a mileage allowance for the use of a personal vehicle.

Each situation will be reviewed by OFM and OPB on a case by case basis. To qualify for either leasing plan, the agency should be compliant with 1 through 3 under *Via Purchase*.

To begin the leasing process:

Submit an email or letter describing the reason for the request, listing the vehicles to be sent to surplus or redistributed (if applicable), and the mileage data to justify the acquisition. Currently, the mileage requirement in Policy 10 is 14,000 miles per year (excluding commuting miles).

PHONE: 404-651-7263

200 PIEDMONT AVENUE SE · SUITE 1206 WEST TOWER · ATLANTA, GEORGIA 30334-9010

FAX: 678-913-0537

www.doas.georgia.gov



Vehicle Request Process in VITAL Insights

FY 2011

Checklist: New Vehicle Acquisition(s)
(For use by Human Service Providers seeking approval to purchase a new vehicle)

- ☐ Evaluate the vehicles assigned to your organization by reviewing the [Vehicle Request Criteria document](#). If needed, update all vehicle data in accordance with the information in [Chapter 2 Section K, Recordkeeping](#).
- ☐ Complete vehicle request in the ARI Insights® system. A username and password is required to access this system; a security application must be completed before accessing the system. After a user id and password have been assigned, **complete a vehicle request per the instructions in Exhibit 6.**
- ☐ Upon approval an email and letter will be sent to Transportation Services Section Fleet Management (TSS-FM) and the contact person for the organization making the request.
- ☐ If approved, proceed with purchase.
- ☐ The vendor where the new vehicle is purchased will issue:
 - ☐ A completed Department of Motor Vehicle Safety Application for Tag and Title (Form MV-1) (exhibit 23);
 - ☐ A Manufacturer's Statement of Origin (MSO); and
 - ☐ A Non-Leased Vehicle Odometer Disclosure Statement (Form GA-25).
 - ☐ These documents must list the owner and buyer exactly as follows:
For vehicles owned by the Department of Human Services (DHS)

GA Department of Human Services
2 Peachtree Street, NW #29-452
Atlanta, Georgia 30303-3142

For vehicles owned by the Department of Behavioral Health and Developmental Disabilities (DBHDD)
GA Department of Beh. Health and Dev. Dis.
2 Peachtree Street, NW #29-452
Atlanta, Georgia 30303-3142
- ☐ Complete the following paperwork:
 - ☐ [Vehicle Load Sheet \(Form 4964\) \(see exhibit 22\)](#)
 - ☐ [Detailed Equipment Listing \(Form 5111\) \(see exhibit 23\) only if the vehicle was **not** purchased using the current version of PeopleSoft Financials.](#)
NOTE: If the vehicle is being purchased using the current version of PeopleSoft Financials, a Form 5111 does not have to be submitted. It will be provided later by the Asset Management Unit (AMU).
- ☐ Mail the following **original** documents to the RTO no later than 15 days after receipt of the new vehicle(s).
 - ☐ Manufacturer's Statement of Origin (MSO)
 - ☐ Department of Motor Vehicle Safety Application for Tag and Title (Form MV-1).
 - ☐ Non-Leased Vehicle Odometer Disclosure Statement (Form GA-25)
 - ☐ Completed Detailed Equipment Listing (Form 5111)
 - ☐ Completed Vehicle Load Sheet (Form 4964)
- ☐ The RTO will apply for title and secure the state license plate via the local tag office. These documents will be mailed to TSS-FM. Upon receipt, TSS-FM assigns a state vehicle number, forward ownership documents to DOAS OFM for addition to the statewide fleet systems, and requests the initial WEX card, if applicable. Confirmation of state vehicle number will be sent to the RTO.
- ☐ Receive packet from the RTO:
 - ☐ 2 sets of number decals (for the front and back of the vehicle(s))
 - ☐ 2 state seals
 - ☐ 1 insurance card
 - ☐ 1 logbook
 - ☐ 1 tag
- ☐ Apply seals and numbers to the vehicle (see exhibit #17 for correct placement on vehicle).
- ☐ Mount Tag on vehicle. Place Insurance card and log book in vehicle.
- ☐ Affix the property decal on the inside of the driver's door frame next to the manufacturer's identification plate and **sign** the Detailed Equipment Listing (Form 5111).
- ☐ Return the **signed copy** of the Form 5111 to the Regional Transportation Office, who will return to TSS-FM). Management.

Checklist for Acquisition of Vehicle(s) Through Donations
(for use by DHS Human Service Providers seeking approval of a donated vehicle)

- ☐ Evaluate the vehicles assigned to your organization by reviewing the **Vehicle Request Criteria** document. If needed, update all vehicle data in accordance with the information in [Chapter 2 Section K, Recordkeeping](#).
- ☐ Complete a complete a vehicle request in the ARI Insights System. A username and password is required; a [security form](#) must be completed. After a user id and password have been assigned, complete a [vehicle request using the instructions in Exhibit 6, Exhibit 9, the Statement of Understanding \(Donation Agreement\)](#) must be included with the request.
- ☐ Upon approval of the request, an email and letter will be sent to Transportation Services Section Fleet Management (TSS-FM) and the contact person for the organization requesting the vehicle.
- ☐ Once the HSP has been notified that the donation is approved, the donor must sign the back of the Certificate of Title as the 'Seller' and Non-Leased Vehicle Odometer Disclosure Statement (Form GA-25). They must also supply a receipt for the prior year's taxes on the vehicle.
- ☐ The HSP must then complete the following items:
 - ☐ [Detailed Equipment Listing \(Form 5111\) \(see exhibit 23\);](#) and
 - ☐ [Vehicle Load Sheet \(Form 4964\) \(see exhibit 22\).](#)
 - ☐ [Statement of Understanding \(Donation Form, Exhibit 9\)](#)
- ☐ The following original documents must be sent to the RTO no later than 15 days after receipt of the donated vehicle(s):
 - ☐ Statement of Understanding (Donation Form, Exhibit 9).
 - ☐ Detailed Equipment Listing (Form 5111) (see Exhibit 23);
 - NOTE: The form 5111 will be forwarded to the Asset Management Unit for assignment of a property decal.**
 - ☐ Vehicle Load Sheet (Form 4964) (see exhibit 22);
 - ☐ Title (Signed on the back releasing ownership to the state. Do not sign or make any changes to the title once the donating agent has signed it.)
 - ☐ Non-leased Vehicle Odometer Disclosure Statement (Form GA-25).
- ☐ The RTO will apply for title and secure the state license plate via the local tag office. These documents will be mailed to TSS-FM. Upon receipt, TSS-FM assigns a state vehicle number, forwards ownership documents to DOAS OFM for addition to the statewide fleet systems, and requests the initial WEX card, if applicable. Confirmation of state vehicle number will be sent to the RTO.
- ☐ Receive a packet from the RTO for each vehicle. The packet will include but is not limited to the following items:
 - ☐ 2 sets of number decals (for the front and back of the vehicle(s))
 - ☐ 2 state seals
 - ☐ 1 tag
 - ☐ 1 insurance card and logbook
 - ☐ The Detailed Equipment Listing (Form 5111) with the property decal attached (if applicable).
- ☐ Apply seals and numbers to the vehicle (see exhibit #17 for correct placement on vehicle).
- ☐ Mount Tag on vehicle. Place insurance card and log book in vehicle.
- ☐ Affix the property decal on the inside of the driver's door frame next to the manufacturer's identification plate and sign the Detailed Equipment Listing (Form 5111). Return the **signed** copy of the Form 5111 to the Regional Transportation Office, who will forward to TSS-FM.

STATEMENT OF UNDERSTANDING

STATEMENT OF UNDERSTANDING FOR DONATED VEHICLES

Public and private agencies which do business on behalf of the Georgia Department of Human Services (DHS) or undertake the delivery of client services under a contractual arrangement with DHS may find it advantageous to grant title to DHS of motor vehicles used for such business and client service delivery. Advantages may include availability of lower cost insurance, maintenance programs and administrative support. It is understood by the donor of such a vehicle and by the agency operating such a vehicle that such vehicles titled to DHS become state property without restriction and that:

1. State owned vehicles are subject to regulations regarding their care, use and disposition and their registration, licensing and markings. Compliance with such regulations is the responsibility of the operating agency.
2. Donated vehicles cannot be accepted as state property with any conditions or exceptions. Neither can they be returned to the donor nor can any portion of their value or of any proceeds from their disposition be returned to the donor or operating agency.
3. State owned vehicles may only be used for official state purposes and may not be used for non-state business or for personal use or convenience. Drivers of state vehicles must be either state employees or paid employees of the operating agency.
4. Operating costs, to include premiums for liability insurance underwritten by the state Department of Administrative Services, will not be paid by DHS but must be borne by the operating agency.
5. Regulations require that descriptive data and other information regarding maintenance and utilization costs, for all state owned vehicles be maintained in centralized files and updated with periodic reports. The operating agency has the responsibility of furnishing the information and preparing reports.

Division Coordinator's Approval

Receiving Agency

Donating Agency

Signature

Vehicle ID (Serial Number)

Title

Date

Checklist for Transfers Between Human Service Providers Within the Same Region

- ❑ If the releasing HSP and RTO agree that the transfer should take place, the releasing HSP must complete a [Property Transfer Form \(PTF\) \(see Exhibit 15\)](#). The following information must be included on the form:
 - ❑ Releasing Agency Information: Request date, action requested, organization name, associated division (Aging, DFCS, etc.), property location address, location contact name, phone email address are required entries.
 - ❑ Receiving Agency Information: Same as Releasing Agency Information. The information must be completed for both the releasing organization and the receiving organization.
 - ❑ Middle of the form: the vehicle(s) information must be listed in the description section. In the lines under Item Description, indicate the vehicle identification number (VIN #), the tag number, and current mileage.
- ❑ After the Property Transfer form is completed and signed, the HSP must forward it to the RTO. The RTO will ensure that the form has been filled out completely and correctly and if not, will return it to the HSP.
- ❑ If approved, the RTO will initial the Property Transfer form, and forward it to Transportation Services Section Fleet Management (TSS-FM).
 - ❑ Signatures: If the transfer is occurring within the **same division or agency**, both organizations can sign the form.
 - ❑ If the transfer is occurring between different **agencies or a CSB**, both organizations can sign the form. The form will be forwarded to DOAS Surplus Property for transaction number assignment. After a number has been assigned, the form will be returned to the Releasing Agency and the RTO. The **vehicle can now be physically relocated**. Once the Receiving Organization has actual possession of the vehicle, sign and dates the form on the Property Received by line and returns it to the RTO.
- ❑ TSS-FM makes any additional updates and forwards a signed copy of the completed PTF to the applicable Asset Management Unit(s) for updating. TSS-FM returns the completed form back to the RTO confirming transfer is complete.

Checklist for Transfers Between Human Service Providers In Different Regions

- ❑ The releasing HSP contacts the Regional Transportation Office (RTO) in their region to discuss the transfer.
- ❑ If the releasing HSP and RTO agree that the transfer should take place, the releasing HSP must complete a [Property Transfer Form \(PTF\) \(see Exhibit #15\)](#). The following information must be included on the change form:
 - ❑ Releasing Agency Information: action requested, organization name, associated division (Aging, DFCS, etc.), address, authorized signature, date, and telephone number sections are required entries. The information must be completed for both the releasing organization and the receiving organization.
 - ❑ Middle of the form: the vehicle(s) information must be listed in the description section. This information must include but is not limited to the state vehicle number, the year, make, model, and condition of the vehicle(s), the vendor identification number (VIN #), tag number, and current mileage.
- ❑ Once the PTF is completed and signed, the releasing HSP must forward it to the RTO in their region. The releasing RTO will ensure the PTF has been filled out completely and correctly and if not, will return it to the HSP.
 - ❑ If the transfer is occurring between different **agencies or a CSB**, both organizations can sign the form. The form will be forwarded to DOAS Surplus Property for transaction number assignment. After a number has been assigned, the form will be returned to the Releasing Agency and the RTO. The **vehicle can now be physically relocated**. Once the Receiving Organization has actual possession of the vehicle, sign and dates the form on the Property Received by line and returns it to the RTO.
- ❑ Transportation Services Section Fleet Management (TSS-FM) makes the necessary updates in the statewide systems and returns signed copy of the transfer form back to the RTO confirming transfer is complete.

Checklist for Transfers Within an Organization Across County Lines

- ❑ The HSP must notify their Regional Transportation Office (RTO) before a vehicle is transferred to another county.
- ❑ The HSP must submit in writing a justification that includes the new location for the vehicle, what program it will support, and why it needs to be transferred to the new county.
- ❑ If the vehicle transfer causes the vehicle to be located in another DHR region, then the RTO for the HSP must contact the RTO where the vehicle will be located.
 - ❑ If the transfer is occurring between different **agencies or a CSB**, both organizations can sign the form. The form will be forwarded to DOAS Surplus Property for transaction number assignment. After a number has been assigned, the form will be returned to the Releasing Agency and the RTO. The **vehicle can now be physically relocated**. Once the Receiving Organization has actual possession of the vehicle, sign and dates the form on the Property Received by line and returns it to the RTO.
- ❑ TSS-FM makes any additional updates and forwards a signed copy of the completed PTF to the applicable Asset Management Unit(s) for updating. TSS-FM returns the completed form back to the RTO confirming transfer is complete.

Checklist for Transfers Into DHS and DBHDD From External Agency

- ☐ The Human Service Provider (HSP) must communicate with their Regional Transportation Office (RTO) to advise them of the intent to transfer. A written justification for the transfer must be provided, and should include detailed vehicle information, the need for the vehicle, and describe the services/program area in which the vehicle will be used. This justification should also include information related to the title, which should be free from liens, etc, and clearly titled to the organization releasing the vehicle.
- ☐ In cooperation with the RTO, the releasing organization must then complete and sign a Property Transfer Form (Exhibit 15). The following information must be included on the change form:
 - ☐ Releasing Organization: action requested, organization name, property location, address, and complete contact information are required entries. The information must be completed for **both** the releasing organization and the receiving organization.
 - ☐ Middle of the form: the vehicle(s) information must be listed in the description section. In the lines under Item Description, indicate the state ID, the tag number, and current mileage.
- ☐ Once the Form is completed and signed by both the releasing and receiving organizations, the form should be sent to the RTO, who will forward on to TSS Fleet Management and to DOAS Office of Fleet Management and DOAS Surplus Property for authorization.
- ☐ After authorization to transfer has been obtained, the HSP must complete and mail the following items to the RTO:
 - ☐ [Detailed Equipment Listing \(Form 5111\) \(see exhibit #23\)](#)
 - ☐ [Vehicle Load Sheet \(Form 4964\) \(see exhibit #22\)](#)
 - ☐ Title (Signed on the back releasing ownership to DHS. Do not sign or make any changes to the title once it has been signed by the releasing agency.)
- ☐ The above original documents must be sent to the RTO no later than 15 days after receipt of the transferred vehicle(s). The RTO will then forward the original documents to the TSS Fleet Management.
- ☐ The HSP will receive a packet from RTO which includes:
 - ☐ 2 sets of number decals (for the front and back of the vehicle(s))
 - ☐ 2 state seals
 - ☐ 1 insurance card
 - ☐ 1 logbook
 - ☐ 1 tag
 - ☐ The Detailed Equipment Listing (Form 5111) with the property decal attached
- ☐ Apply seals and numbers to the vehicle (see exhibit #17 for correct placement on vehicle).
- ☐ Mount Tag on vehicle.
- ☐ Place Insurance card and log book in vehicle.
- ☐ The receiving HSP must affix the property decal on the inside of the driver's door frame next to the manufacturer's identification plate and sign the Detailed Equipment Listing (Form 5111).
- ☐ Return the signed copy of the Form 5111 to the Regional Transportation Office (RTO).

Checklist for Disposal of Vehicle(s) Through Surplus

- ☐ Contact the Regional Transportation Office (RTO) to discuss the need to surplus the vehicle. The following items (also known as a Surplus Packet) should be sent to the RTO:
 - ☐ A completed [Property Transfer Form](#) (PTF) (Exhibit 15). A vehicle(s) must have over **135,000 miles on it** to be considered for surplus. If a vehicle **does not have** 135,000 miles, then the cost to repair the vehicle(s) to a safe working condition must be **greater than** the Kelly Blue Book value for the vehicle(s). A copy of the repair estimates must accompany the PTF. The following information must be included on the form:
 - ☐ Releasing Agency Information: Request date, action requested, organization name, associated division (Aging, DFCS, etc.), property location address, location contact name, phone email address are required entries.
 - ☐ Middle of the form: the vehicle(s) information must be listed in the description section. In the lines under Item Description, indicate the state ID, vehicle identification number (VIN #), the tag number, and current mileage.
 - ☐ A completed [Vehicle Inspection Form](#) (Exhibit 16).
- ☐ Market quality digital photos of the vehicle (**with state seals removed**). **Pictures must be edited to 1 MB in size (600x400 pixels) and in the JPEG format, file extension jpg, and must include:**
 - ☐ One picture from front driver corner
 - ☐ One picture from the rear passenger corner.
 - ☐ One interior picture with the driver's side door open.
 - ☐ One picture of engine and any special items you may want to feature. Vehicle must be clean of unnecessary trash prior to taking photos.
 - ☐ **Record the picture numbers on the Vehicle Inspection Form.**
Note: Images **must** be emailed; the inspection form, transfer forms and transfer forms can be faxed.
- ☐ The RTO will send the above items (transfer form, vehicle inspection form and images) to TSS Fleet Management in Atlanta.
- ☐ The Surplus Packet is then forwarded to DOAS Surplus Property. **NOTE: DOAS Surplus Property reserves the right to determine the disposal method that is in the state's best interest.** DOAS Surplus Property will maintain contact with the surplus organization as the vehicle moves thru the disposal process.
- ☐ **Any towing charges that may be incurred for transporting a vehicle that is not operable to a disposal site authorized by DOAS Surplus Property is the responsibility of the releasing organization.**
- ☐ Once the vehicle(s) has been sold, DOAS Surplus Property will provide a bill of sale to the buyer.
- ☐ The buyer will contact the releasing organization to schedule an appointment to pick up the vehicle. The buyer must produce the bill of sale before the releasing organization can give the keys to the buyer.
- ☐ Upon acceptance of the vehicle(s), DOAS Surplus will assign a transaction code. The code will be placed in the top right hand corner of the Form 5086. The DOAS representative will then sign the Property Transfer For.
- ☐ **DOAS Surplus Property** will remove the vehicle from the state fleet management systems as applicable. TSS FM will provide copies to the RTO and the property management group in the appropriate agency for removal from other inventory systems.
- ☐ **A vehicle(s) will not be removed from the inventory/recordkeeping systems or from a Human Service Providers vehicle count until the completed documentation of the vehicles final disposition has been received.**

GA Department of Administrative Services
 Surplus Property Division
 200 Piedmont Ave. Ste. 1208W
 Atlanta, GA 30334-9010
 P: 404-657-8544 F: 404-463-2912



Property Transfer Form

Please send all requests to RTO

Request Date: _____

Page ____ of ____

| Releasing Agency Information | | | | Receiving Agency Information | | | | Action Requested: Select One: <input type="checkbox"/> Other: | DOAS Use: Transaction No. _____ |
|------------------------------|-----------|------|--|------------------------------|-----------|------|--|--|--|
| From Agency: | | | | To Agency: | | | | | |
| Property Location: | | | | Property Location: | | | | | |
| Address 1: | | | | Address 1: | | | | | |
| Address 2: | | | | Address 2: | | | | | |
| City: | State: GA | Zip: | | City: | State: GA | Zip: | | | |
| Location Contact: | | | | Location Contact: | | | | | |
| Phone: | | | | Phone: | | | | | |
| Email: | | | | Email: | | | | | |

| Line # | Qty | Item Description | Brand/Make | Model | Serial/VIN/Asset ID | Condition | DOAS Use |
|--------|-----|------------------|------------|-------|---------------------|-----------|----------|
| | | | | | | Select: | |
| | | | | | | Select: | |
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| | | | | | | Select: | |
| | | | | | | Select: | |
| | | | | | | Select: | |

Electronic Signatures & Restrictions: Completed forms that are received from or sent to state personnel that are authorized by their agency to act as its agent for surplus property acquisition or disposal constitute approval for the action including obligating funds if applicable. All electronic components capable of storing data or software have been removed, rendered unreadable or sent for destruction only. Additionally, persons receiving property declares that item(s) acquired from the GA DOAS Surplus Property Program will not be resold, cannibalized, transferred or destroyed for a period of (1) one year without written permission from the division. Surplus Property Division reserves the right to supervise the resale of any such property by public outcry to the highest bidder within the restriction period and proceeds from the sale of such item(s) will revert to the State of Georgia, Surplus Property Division.

Property Released by _____

Date _____

Property Received by _____

Date _____



Surplus Vehicle Inspection Form

Agency Information

| | | |
|---|---|---------|
| Agency: | Insp. By: | Phone # |
| Inspection Days: check all days available for Inspection <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri | Inspection Times: List all times available for Inspection: AM: From: to PM: From: to | |

Agency has original title: ☐ Yes (*Original title must be available to process request, attach copy of both sides.*)

Agency has keys: ☐ Yes (Agency may be charged for replacement keys.)

Vehicle Information

| | | | |
|--|-----------------|-----------------|--------|
| VIN: | Year: | Make: | Model: |
| Mileage: | Exterior Color: | Interior Color: | |
| Overall Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments: | | | |

Mechanical Information

| | | | |
|--|---|---|---|
| Operating Condition: <input type="checkbox"/> Starts & Runs <input type="checkbox"/> Starts w/Boost <input type="checkbox"/> Is Drivable <input type="checkbox"/> Won't Start <input type="checkbox"/> Is NOT Drivable Why: | | | |
| Known Mechanical Issues: | | | |
| Engine: | Cylinders: | Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> AFV | Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual # Gears |
| Check Installed Options: <input type="checkbox"/> Pwr Seats <input type="checkbox"/> Pwr Locks <input type="checkbox"/> Pwr Windows <input type="checkbox"/> Cruise Control <input type="checkbox"/> Police Package | | | |
| Air Bag: Single <input type="checkbox"/> Dual <input type="checkbox"/> | Radio: <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> Cassette <input type="checkbox"/> AM/FM CD | Other: | |

Exterior Condition Decals Removed: ☐ Yes ☐ No Do not spray paint decals

| |
|--|
| Minor Body Damage: |
| Scratches & Dents: <input type="checkbox"/> None visible <input type="checkbox"/> Minor: Where? <input type="checkbox"/> Major: Where? |
| Major Body Damage: |
| Windows: <input type="checkbox"/> No damaged glass <input type="checkbox"/> Broken/Cracked where? <input type="checkbox"/> Missing Glass where? |
| Hub Caps: <input type="checkbox"/> Has all 4 Missing how many? |
| Other : |

Interior Condition:

| |
|---|
| Minor Damage: |
| Major Damage: |
| Emergency/Specialized Equipment Removal: <input type="checkbox"/> N/A |
| <input type="checkbox"/> Has no exposed wires or holes <input type="checkbox"/> Has exposed wires and holes <input type="checkbox"/> Interior <input type="checkbox"/> Exterior |
| Other : |

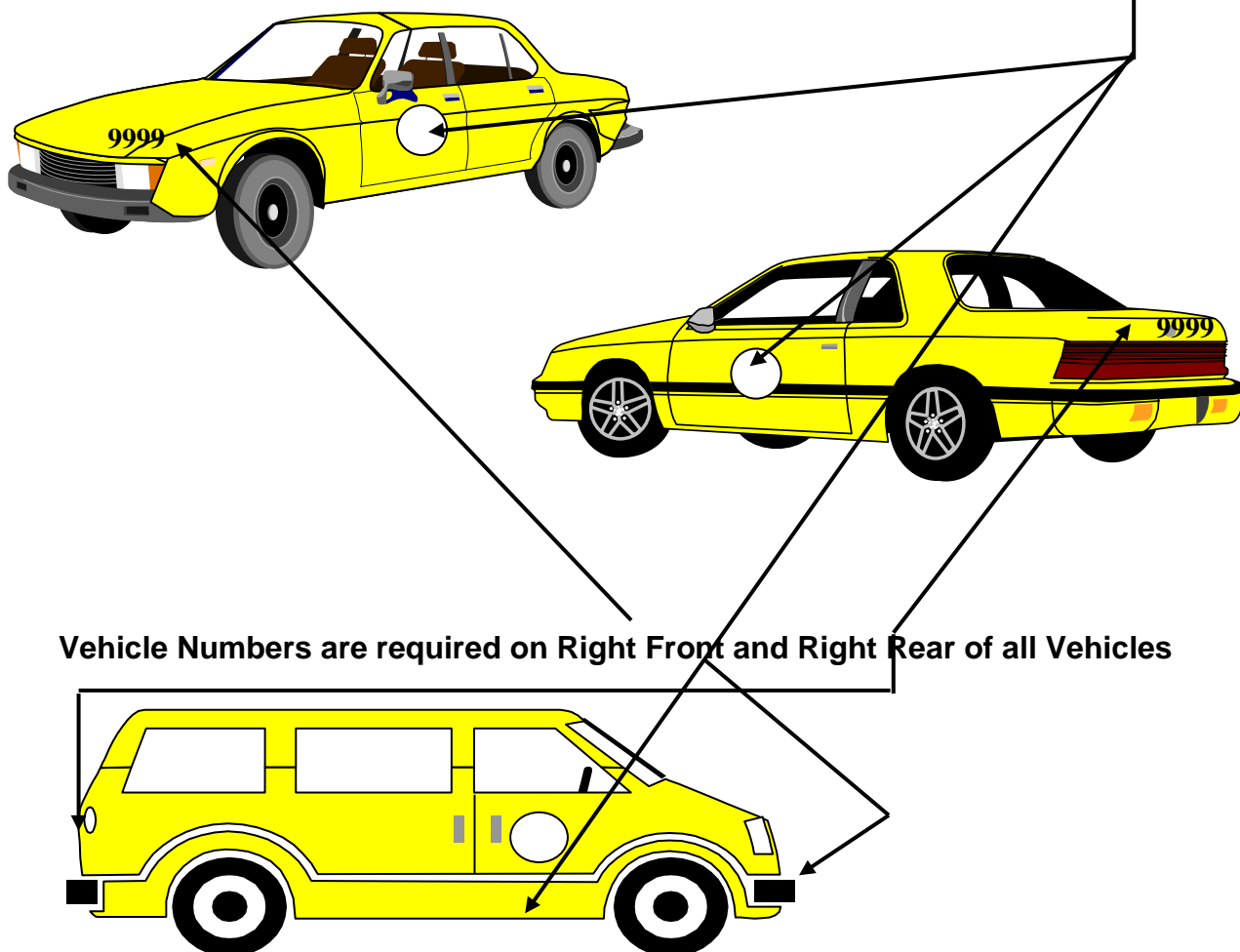
Photos List photo number, minimum of 4 required, show all damage

| | | | | | |
|---------------------|------------------|----------|-------|--|--|
| Front Driver Corner | Rear Pass Corner | Interior | Motor | | |
|---------------------|------------------|----------|-------|--|--|

DHS VEHICLE IDENTIFICATION PLACEMENT (Placement of State Seals and Numbers)

Seals are required on passenger-side and driver's-side doors for Sedans and Vans.

Seals are placed next to the fold-out door and driver's-side door on Vans or Buses with fold-out-type doors.



Vehicle Numbers are required on Right Front and Right Rear of all Vehicles

DHS Vehicle Inspection Form

| | | | | | |
|--|----------------|------------------------|---|----------------|------------------------|
| Human Service Provider/Transportation Provider: | | | | | |
| Vehicle Make/Model | | | Year | | Capacity |
| VIN # | | | Veh # | | Exempt? ____ |
| Tag # | | | Property Decal # | | |
| Mileage | | | Date: | | |
| | Checked | Needs Attention | | Checked | Needs Attention |
| Exterior | | | Signs | | |
| Horn | | | State Seals | | |
| 2 Exterior Mirrors | | | Vehicle # (RF) | | |
| Rearview Mirror | | | Vehicle # (RR) | | |
| Windshield Wipers | | | “No Smoking, Eating, Drinking” | | |
| Windows | | | “All Passengers Use Seat Belts” | | |
| Headlights | | | Information Packet | | |
| Turn Signals (Front) | | | Insurance/Accident Packet | | |
| Brake Lights | | | Insurance Card | | |
| Turn Signals (Rear) | | | DHR Vehicle Log Book | | |
| Parking Lights/Reverse Lights | | | Wheelchair | | |
| Emergency Flashers | | | Raised Roof (clearance 56”) | | |
| Body Damage | | | Hydraulic/Elec. Lift | | |
| Tire Tread | | | Hand Rails | | |
| Spare Tire | | | Controls Access Inside/Outside | | |
| Jack | | | Shoulder Restraint/Lap Belt | | |
| Interior Equip. | | | Reflector Tape | | |
| Step/Running Board | | | 4 Floor Straps | | |
| Seat Belts | | | Emergency Manual Lift | | |
| Seat Belt Cutter | | | | | |
| First Aid Kit | | | Cond. of Vehicle: __Excellent __Good __Fair __Poor | | |
| Spill Kit | | | Comments: | | |
| 3 Emer. Reflectors | | | | | |
| Seat Belt Extensions Available | | | | | |
| Upholstery | | | | | |
| Clean Interior | | | | | |
| Doors | | | | | |
| Interior Lights | | | | | |
| AC/Heat | | | | | |
| Flooring | | | Coordinator Signature | | |
| Fire Exting. Insp. Date | | | | | |
| Fire Exting. (mounted) | | | Provider Signature | | |

Note: Serious safety conditions will cause the vehicle to be “red-flagged” onsite.

Motor Vehicle Questionnaire

| | |
|--|--------------|
| Human Service Provider/Transportation Provider: | Date: |
|--|--------------|

| |
|--|
| Motor Vehicle Fleet Management Information |
| 1. Number of vehicles assigned to site? DHS? Other? |
| 2. Who coordinates transportation / vehicle management for the center/facility? |
| 3. Describe your maintenance program. Is it scheduled or unscheduled? |
| 4. When/By Whom are vehicles inspected: Daily? 5,000 and 10,000 Miles? Annual? |
| 5. Where are major repairs performed? Minor repairs? |
| 6. How are DHS Vehicle Log sheets with back up documentation for expenses maintained at the site? (view) |
| 7. Are fuel, odometer readings, and maintenance being entered into ARI Insights? How often? By whom? |
| 8. Do you maintain a record of passengers being transported? (view) |
| 9. What is your drug and alcohol testing policy? Do you conduct National Criminal Records checks? (view) |
| 10. Do you have a current copy of the Transportation Manual or have access to the online version of the manual? [www.odis.dhr.state.ga.us/1000_adm/1400_t&s/suppserv.htm . Transportation Index/MAN 1425] |
| 11. Do you have a current copy of the Risk Management Manual? |
| Comments: |

DHS Site Visit
Driver Qualification Folder (DQF) Checklist

| | | | | | | | | | | | | | | |
|-------------------------|--------------------------------|---------------|--|-------------------|-------------|-----------------------------------|---|------------------------------------|------------------------------------|--|---|---|---|--|
| Human Service Provider: | | | | | | | | | | Date: | | | | |
| Name of Driver | Copy of Current Driver License | Date of Birth | Motor Vehicle Report (MVR) (Current year) | First Aid (3 yrs) | CPR (2 yrs) | Defensive Driver Training (3 yrs) | Consumer Service, Courtesy, and Sensitivity Awareness Training | Drug Test/ Pre -Employment/ Random | National Criminal Background Check | Documentation of Accident(s) / # of Accidents (3 years) | * | * | * | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | |

* **Other Training** – General Orientation; Vehicle Orientation/ Pre-Trip Inspections; Record Keeping Requirements; Emergency Procedures

DHS DESK REVIEW OF VEHICLES

Human Service Provider: _____ DHS Vehicle # _____

VIN # _____ Year _____ Tag # _____ Capacity _____

Vehicle Make/Model _____

Current Odometer Reading _____

Desk Review will be conducted by the RTO for the period of _____

Date of Last Annual Safety Inspection (must be performed by a certified mechanic) _____

Please attach the following documents to this Review.

- 1. Copy of last Annual Safety Inspection (DHS Manual Exhibit --)
- 2. Preventive Maintenance Documents (DHS Manual Exhibit --)
- 3. Daily Trips Logs for period of _____

If any recommendations of repairs were listed on the last Annual Safety Inspection, have these issues been addressed? _____

Authorized Signature of HSP

Date

Print Name _____

Address _____

Address 2 _____

Phone _____

Email _____

Fax _____

Please attach all requested documents to this review for the vehicle listed and mail to your Regional Transportation Office.

Georgia Department of Human Services

VEHICLE LOAD SHEET

| | | |
|---------------------|---|---------------------------|
| (1) Division/Office | (2) Organization Unit/Contractor Name or Agency | (3) Director of Agency |
| County | Street Address /P.O. Box | Prepared by /Date |
| | City /Zip Code | Area Code Phone # /Gist # |

| A. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">VEHICLE #</th></tr> <tr> <td style="width: 5%;">#</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table> | VEHICLE # | # | | | | | | B. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">VIN#</th></tr> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> | VIN# | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| K. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">BEGINNING MILES</th></tr> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> | BEGINNING MILES | | | | | | | | | | | | | | | | | | | | | L. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">STATE INSURANCE: Y/N/O</th></tr> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> IF OTHER, EXPLAIN _____ | STATE INSURANCE: Y/N/O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BEGINNING MILES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STATE INSURANCE: Y/N/O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MANUFACTURE NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TYPE VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MODEL YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MODEL NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TYPE FUEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ENGINE SIZE AND TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TRANSMISSION TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| VEHICLE USE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| U. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">OPERATING CONDITION</th></tr> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> | OPERATING CONDITION | | | | | | | | | | | | | | | | | | | | | V. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">SPECIAL EQUIPMENT</th></tr> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> | SPECIAL EQUIPMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPERATING CONDITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SPECIAL EQUIPMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| W. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">PASSENGER CAPACITY</th></tr> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> | PASSENGER CAPACITY | | | | | | | | | | | | | | | | | | | | | X. ASSIGNED TO: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PASSENGER CAPACITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | FUND SOURCE | COUNTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

A. 1. Date Vehicle Received _____

A. 2. Date Vehicle Put Into Service _____

A. 3. FPO # or Check # _____

Detailed Equipment Listing (Form 5111) (Sample)



Form 5111
Georgia Department of Human Resources
DETAILED EQUIPMENT LISTING

| | |
|----------------|--|
| Asset ID # | |
| Form Control # | |
| Date | |

| | | | |
|--|------------------------------|------------------|--------------|
| Organization Unit/Contractor Name: | | Division/Office: | |
| Street Number Name and P.O. Box (if applicable) | | | |
| City: | State: Georgia | Zip Code: | |
| Preparer Printed Name: | Phone Number: | | |
| Decal Number: | Asset Management Location #: | | |
| Equipment Description: | | | |
| Location: | | | |
| Serial Number: | | | |
| Department ID: | | Project ID | |
| Fund Source | % of Project | Fund Source | % of Project |
| Fund Source | % of Project | | |
| Purchase Order # | PO Line Number | Voucher Number | |
| Acquisition Date: | Acquisition Amount: | | |
| Account Number: | Class Code Number: | | |
| Vendor Name: | | | |
| Is this replacing other equipment? (Enter "X" in appropriate box.) | | Yes | No |
| If yes and this is for computer equipment, enter the OIT Help Desk ticket number where you requested that the hard drive(s) be removed from the equipment to be surplus. | | | |
| If no, explain below why this is not replacing equipment or why the old equipment is NOT being surplus. (New staff, new office, etc.) | | | |
| Explanation: | | | |
| The decal attached to this form MUST be placed on this piece of equipment. | | | |
| "I certify that the decal number referenced above has been affixed to this equipment". | | | |
| _____ Signature | | _____ Date | |
| Shaded fields are to be completed by Division/Office personnel receiving the equipment. | | | |

Motor Vehicle Services Title and Tag Application (Sample)

MV-1 (Rev 5/02)

**Motor Vehicles Services
And/or County Tag Agent
Title / Tag Application**

☐ Original Title Fee \$18.00
☐ Replacement Title Fee 8.00
☐ Title Penalty Fee 10.00
☐ Expedited Title Fee 10.00
 License Plate to Transfer _____
 (Attach copy of current registration)
 Current License Plate _____

☐ County Ad Valorem Tax \$ _____
☐ License Tag Fee \$ _____
☐ Mfg. Fee, Special Tag \$ _____
☐ Special Tag Fee \$ _____
☐ Tag Transfer Fee \$ _____
☐ 10% Tax Penalty (\$5 Minimum) \$ _____
☐ 25% Tag Penalty \$ _____
☐ \$1.00 Tag/Decal Mail Fee \$ _____

| Vehicle Section | | | | | | | | | |
|--|--|--|-------------------------|--------------------|---|-----------|-----------|-------------|--|
| Vehicle Identification Number | Year | Make | Body Style | Series Model | Color | Cylinders | Fuel Type | New or Used | |
| Date Purchased | Emission Certificate Number | Insurance Company | Insurance Policy Number | Prev. Title Number | Previous State | District | | | |
| Ga. County of Residence | Odometer Reading | <input type="checkbox"/> EXEMPT <input type="checkbox"/> Exceeds Mechanical Limits of Odometer <input type="checkbox"/> Not the Actual Mileage, Warning Odometer Discrepancy | | | | | | | |
| Complete For All Trucks over 14,000 Gross Vehicle Weight | | | | | | | | | |
| Gross Vehicle Weight & Load | Straight Truck? | Used For Hire? | Type of Trailer Pulled? | Product Hauled? | Is This A Farm Vehicle? | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Owner Section | | | | | | | | | |
| Number of owners _____ Leased Vehicle <input type="checkbox"/> NO <input type="checkbox"/> YES Complete Lessee Section | | | | | | | | | |
| Owner # 1 | Full Legal Name of Owner 1 | | | | | | | | |
| Ga. Drivers License No. (If Individual) | First, | Middle, | Last | Suffix | Date Of Birth | | | | |
| Name of Business / Name of Leasing Company | | | | | | | | | |
| Owner # 2 | Full Legal Name of Owner 2 | | | | | | | | |
| Ga. Drivers License No. (If Individual) | First, | Middle, | Last | Suffix | Date Of Birth | | | | |
| Owner Address (Residence or Business) | | | | | Mailing Address (If Different from Residence or Business) | | | | |
| | | | | | | | | | |
| Seller Section | | | | | Lessee Section | | | | |
| Ga. Dealer or Bank's 12 digit Identification Number: | | | | | Ga. DL Number of Lessee (if individual) | | | | |
| Name and Address | | | | | Date Of Birth of Lessee (if individual) | | | | |
| | | | | | Lessee's legal name and Addr. or Business Lessee Name and Addr: | | | | |
| Sellers County Name, If Ga. seller | | | | | Lessee's County Name | | | | |
| Security Interests or Liens Section | | | | | | | | | |
| Number of Security Interests or Liens: _____ | | | | | | | | | |
| Security Interest / Lienholder 1 Identification Number: | | | | | Security Interest / Lienholder 2 Identification Number: | | | | |
| Name and Address | | | | | Name and Address | | | | |
| | | | | | | | | | |
| Security Interest / Lienholder 3 Identification Number: | | | | | Security Interest / Lienholder 4 Identification Number: | | | | |
| Name and Address | | | | | Name and Address | | | | |
| | | | | | | | | | |


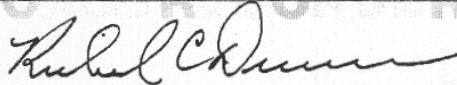
I do solemnly swear under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for making a material false statement punishable by fine up to \$5000 or by imprisonment of up to 5 years, or both, that the statements contained here in are true and accurate.

Owner # 1 Signature _____

Owner # 2 Signature _____

Applications (except signatures) must be typed, printed legibly in black or blue ink or electronically completed and printed.

Sample Manufacturers Statement of Origin (MSO)

| CERTIFICATE OF ORIGIN FOR A VEHICLE | | | | | |
|---|------------------|--|----------------------------|----------------------------|--|
| 3980 | |  | | RBLPD019 | |
| DATE 10/29/03 | | YEAR 2004 | | INVOICE NO. 1AD27368736 | |
| VEHICLE IDENTIFICATION NO. 1GCEK19T34E191229 | | MAKE CHEVROLET | | — | |
| BODY TYPE PICKUP | | SHIPPING WEIGHT 4957 | | — | |
| H.P. (S.A.E.) 44.8 | G.V.W.R. 6400 | NO. CYLS. 08 | SERIES OR MODEL CK15753 | | |
| N.T.R. 1/2 | | — | | | |
| <p>I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.</p> | | | | | |
| NAME OF DISTRIBUTOR, DEALER, ETC. | | 08438 GRQP4F | | | |
| MOORE CHEVROLET, INC. | | GA 30204-0100 | | | |
| PO BOX 100 | | | | | |
| BARNESVILLE | | | | | |
| <p>It is further certified that this was the first transfer of such new vehicle in ordinary trade and commerce.</p> | | | | | |
| ***** | | CHEVROLET MOTOR DIVISION | | | |
| * THIS VEHICLE * | | GENERAL MOTORS CORPORATION | | | |
| * HAS A * | | BY:  | | | |
| * 50-STATE * | | (SIGNATURE OF AUTHORIZED REPRESENTATIVE) (AGENT) | | | |
| * EMISSION * | | | | | |
| * SYSTEM * | | | | | |
| ***** | | DETROIT MI 48243-1114 | | | |
| G34624826 | | CITY - STATE | | | |

GM 521 REV. 7-95

Non-Leased Vehicle Odometer Disclosure Statement (Form GA-25) (Sample)

DSI Norcross, Ga. P-64 U

Reorder from GADA Services (770) 432-1658

NON-LEASED VEHICLES ODOMETER DISCLOSURE STATEMENT

Federal law and State law require that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, _____, state that the
(transferor's name-PRINT)

odometer now reads _____ (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

Check one box only

- ☐ (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
- ☐ (2) I hereby certify that the odometer reading is NOT the actual mileage. WARNING-ODOMETER DISCREPANCY.

| MAKE | MODEL | BODY TYPE |
|--------|-------|-----------|
| V.I.N. | | YEAR |

Transferor's Signature _____

Printed Name _____

Transferor's Address _____
(street)

(city) (state) (zip)

Date of Statement _____

Transferee's Signature _____

Printed Name _____

Transferee's Name _____

Transferee's Address _____
(street)

(city) (state) (zip)

FORM GA-25

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

1. Program Name _____ Telephone No. _____
 Address: _____ City _____ County _____ Zip _____

2. Name of Driver _____ M _____ F _____ Age _____
 Address: _____ City _____ State _____ Zip _____
 Job Title or Occupation _____ How Long on This Job _____

3. **Date of accident, injury or loss** _____ **Vehicle Number:** _____

4. Date reported to Liability Insurer (Telephone Report No. 1) _____
5. Describe fully how accident happened: **What was purpose of trip? How many passengers? Describe injuries, and Damages to vehicle;**
 Complete Form DPS-523 Vehicle Accident Reporting Form and attach.

6. Date Workers Compensation First Report of Injury [Ga. Form WC1 (Rev. 12-82)] mailed _____
7. Number of non-employee passengers injured _____

8. What caused accident or loss: Give contributing factors; Backing, slippery surface, failure to use safety equipment; theft, equipment failure, driving too fast for conditions; following too close, etc. _____

9. Date theft loss or vehicle damage reported (Telephone Report No. 2) _____
10. Cost of theft loss replacement or damage repair to State Vehicle: Estimated: _____

11. What action has been taken to avoid a recurrence: If none, Why? _____

12. Describe corrective action recommended which is beyond your authority: _____

13. **Date of Driver's Last Driver Improvement Training (DIP):** _____

14. Report completed by: _____ Title _____
15. Date of Report: _____ Telephone No. _____

Personal Report of Accident (Sample)

| DHS TRANSPORTATION MANUAL - EXHIBIT 28 PERSONAL REPORT OF ACCIDENT | | | | | | | | | |
|---|---|-------------------|------------|------------|------------|---------------|---|--|--|
| <p>This form should be completed when a traffic accident occurs and a law enforcement officer is not called to make a report. This report is for your personal use and <u>should not</u> be mailed to the Department of Public Safety, as it will be destroyed upon receipt.</p> <p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 1. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "not known". 2. Give exact time of accident (date, day and hour). 3. Under "Location of Accident" show sufficient information to locate exact scene of the accident. 4. Print or type all names and addresses. 5. Sign the report in the space provided on the reverse side. 6. Report must be complete as to exact names, birth dates, and drivers license numbers. 7. Use a second report form or a sheet of plain paper of the same size to report additional vehicles, injured persons, or witnesses, or any other information for which there is insufficient space. | | | | | | | | | |
| TIME | Date of Accident _____ | Day of Week _____ | Hour _____ | A.M. _____ | P.M. _____ | Weather _____ | | | |
| L O C A T I O N | <p>Place Where Accident Occurred</p> <p>County _____ City or Township _____</p> <p>If accident was outside city limits, indicate distance from nearest town. Use two distances and two directions if necessary.</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> _____ miles south-north _____ miles east-west </div> <div style="margin: 0 10px;">} of {</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> <input type="checkbox"/> limits of <input type="checkbox"/> center of </div> <div style="margin-left: 10px;">City or Town _____</div> </div> <p>Road Accident Occurred on: _____ Give name of street or highway number, (U.S. or State). If no highway number, identify by name.</p> <p>Check and complete one { <input type="checkbox"/> At its intersection with: _____ OR <input type="checkbox"/> Not at intersection { _____ feet south-north _____ feet east-west } of _____ Name of intersecting street or highway number</p> <p>Show nearest intersecting street or highway, house number, ridge, driveway or other identifying landmark.</p> | | | | | | <p>Clear, rain, fog, etc. DO NOT WRITE IN THIS SPACE</p> | | |
| V E H I C L E S | <p>Your Vehicle No. 1</p> <div style="display: flex; justify-content: space-between;"> <div> <p>Year _____ Make _____ Type (sedan, truck, taxi, bus, etc.) _____</p> <p>Driver's Name _____ Print or type full name</p> <p>Driver's Occupation _____ Carpenter, Sales Clerk, Etc.</p> <p>Owner's Name _____ Print or type full name</p> </div> <div> <p>Vehicle License Plate _____</p> <p>Street or R.F.D. _____</p> <p>City and State _____</p> <p>Driver's License _____ State _____ Number _____</p> <p>Birth Date _____ Mo. _____ Day _____ Yr. _____</p> <p>Age _____ Sex _____</p> </div> <div> <p>Approximate cost to repair vehicle \$ _____</p> <p>Parts of vehicle damaged _____</p> <p>DRIVEABLE: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Owner's License Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is this vehicle covered by automobile liability insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES TO EITHER, SHOW NAME OF INSURANCE CO. _____</p> <p>Name _____ Address _____</p> <p>Show name of insurance company - not name of insurance agency _____</p> <p>Policy Number _____</p> <p>Show policy number here _____</p> </div> </div> | | | | | | | | |
| <p>Space for any third vehicle on reverse side.</p> <p>Total vehicles involved: _____</p> | <p>Other Vehicle No. 2</p> <div style="display: flex; justify-content: space-between;"> <div> <p>Year _____ Make _____ Type (sedan, truck, taxi, bus, etc.) _____</p> <p>Driver's Name _____ Print or type full name</p> <p>Driver's Occupation _____ Carpenter, Sales Clerk, Etc.</p> <p>Owner's Name _____ Print or type full name</p> </div> <div> <p>Vehicle License Plate _____</p> <p>Street or R.F.D. _____</p> <p>City and State _____</p> <p>Driver's License _____ State _____ Number _____</p> <p>Birth Date _____ Mo. _____ Day _____ Yr. _____</p> <p>Age _____ Sex _____</p> </div> <div> <p>Approximate cost to repair vehicle \$ _____</p> <p>Parts of vehicle damaged _____</p> <p>DRIVEABLE: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Owner's License Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is this vehicle covered by automobile liability insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES, SHOW NAME OF INSURANCE CO. _____</p> </div> </div> | | | | | | | | |
| <p>DAMAGE TO PROPERTY OTHER THAN VEHICLE</p> <p>Name and address of Owner of damaged property _____</p> <p>Name object and state nature of damage _____</p> <p>Approximate cost to repair \$ _____</p> | | | | | | | | | |
| Complete Both Sides of This Form | | | | | | | | | |

Daily Vehicle Inspection Form (Sample)

| DAILY VEHICLE INSPECTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|----|----|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Agency: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Number: | | | | | | | | | | | | | Month/Year: | | | | | | | | | | | | | | | | | | | |
| Drivers Initials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Items To Be Inspected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brakes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Fluid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Lights | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Headlights-Low | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parking Lights | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Turn Signals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Flasher | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Horn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tires | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Steering | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Windshield & Windows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Wipers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Fluids | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seat Belts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Extensions Available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heater/Defroster | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Conditioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire Extinguisher | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Aid Kit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spill Kit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mirrors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fluid Leaks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Coolant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Hose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Engine Battery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Engine Oil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transmission Fluid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deficiencies, Problems, Corrections or Remarks (provide date from above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Daily Vehicle Inspection Form for Vehicles Equipped For ADA (Sample)

| DHS TRANSPORTATION MANUAL - EXHIBIT 30 DAILY VEHICLE INSPECTION FOR VEHICLES EQUIPPED FOR ADA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|----|---------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|
| Agency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Number | | | | | | | | | | | | Month / Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drivers Initials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | |
| Items to be Inspected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wheelchair/Standard Lift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Lift/Cycle test | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Hydraulic leaks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Battery Connection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Tie-Down Equip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Priority Seat Sign | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Mo. Cycle Test Back Up | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Lift Safety Belt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accessible Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Keep Tracks Clean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Check for Defrayed or Worn Belts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each Secure Station Fully Equipped With: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Lap Belts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Shoulder Harness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /4 ea. Secure Straps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following must be in Good Condition: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Check Frayed or Damaged Webbing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Improper Functioning Buckles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Broken or Worn Parts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Floor Anchors Secure and Clean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Clean Dry Container for Storage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Seat Belt/Web Cutter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| /Printed Operating Instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deficiencies, Problems, Corrections or Remarks (provide date from above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PREVENTATIVE MAINTENANCE (PM) INSPECTION REPORT

| PM Inspection Group A Each 5,000 Miles | | PM Inspection Group B Each 10,000 Miles | |
|--|--|---|--|
| 3 - Check if O.K. | | X – Adjustments Made | |
| | | O – Repairs Needed | |
| <p>Group A Services</p> <p>1 <input type="checkbox"/> Radiator-fill to proper level,pressure test</p> <p>2 <input type="checkbox"/> Belts-condition and proper tension</p> <p>3 <input type="checkbox"/> Fuel system-leaks, and pump seals</p> <p>4 <input type="checkbox"/> Battery-Electrolyte, voltage, mounting</p> <p>5 <input type="checkbox"/> Exhaust system-leaks, condition, mounting</p> <p>6 <input type="checkbox"/> Air cleaner-service, condition, mounting</p> <p>7 <input type="checkbox"/> Crankcase-drain and refill</p> <p>8 <input type="checkbox"/> Filters-change or clean, oil, fuel</p> <p>9 <input type="checkbox"/> Heater-defroster operation</p> <p>10 <input type="checkbox"/> All lights and signals-operation & condition</p> <p>11 <input type="checkbox"/> Clutch-free pedal, operation, noise</p> <p>12 <input type="checkbox"/> Cab-internal window glass, mirrors</p> <p>13 <input type="checkbox"/> Suspension-axles, so rings, steering</p> <p>14 <input type="checkbox"/> Transmission-leaks, mounting, lubricant level vent.</p> <p>15 <input type="checkbox"/> Differential-leaks, lubricant level</p> <p>16 <input type="checkbox"/> Drive shaft-universal joints, yokes, spinners</p> <p>17 <input type="checkbox"/> Tire-condition, inflation, rim lugs</p> <p>18 <input type="checkbox"/> Body-damage, paint, markings</p> <p>19 <input type="checkbox"/> License, tags, inspections, placards</p> <p>20 <input type="checkbox"/> Brakes-check and adjust</p> <p>21 <input type="checkbox"/> Lubrication-complete lubrication</p> | | <p>Group B Services</p> <p>Shall include all checks listed under PM check A plus additional items under PM check B.</p> <p>21 <input type="checkbox"/> Complete PM "A" service check list.</p> <p>22 <input type="checkbox"/> Ignition-points, plugs, timing</p> <p>23 <input type="checkbox"/> Carburetor-clean, adjust, check emission controls</p> <p>24 <input type="checkbox"/> Thermostat- test, adjust, replace</p> <p>25 <input type="checkbox"/> Compression-check each cylinder with gauge</p> <p>26 <input type="checkbox"/> Fuel pump- mounting, pressure, operation</p> <p>27 <input type="checkbox"/> Wheel alignment-check, adjust</p> <p>28 <input type="checkbox"/> Engine-torque cylinder heads, rocker arm shaft, manifold</p> <p>29 <input type="checkbox"/> Wheel bearing-check and/or replace</p> <p>30 <input type="checkbox"/> Brakes-check drums, linings & cylinders</p> <p>31 <input type="checkbox"/> Check radiator & by-pass hose</p> <p>32 <input type="checkbox"/> Windshield wiper arms and blades</p> <p>Work found through PM check to be performed before vehicle can go back in service - (vehicle unsafe).</p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p>Work found through PM check to be scheduled for later repairs and vehicle can be placed back in service.</p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> | |
| This check and lubrication has been completed. | | Supervisor _____ | |
| Vehicle Number: _____ | | Date _____ | |

ANNUAL SAFETY INSPECTION REPORT

Vehicle #: _____ Tag #: _____ Mileage: _____ Date: _____

EXTERIOR

| | Needs OK | Attn | Unsafe | |
|--|-------------|------|--------|--|
| | | | | Check for body or fender damage. |
| | | | | Check all Windows. |
| | | | | Check side-view mirrors. |
| | | | | Check attached body parts for looseness. |
| | | | | Check windshield wiper blades. |

TIRES

| | Needs OK | Attn | Unsafe | |
|--|-------------|------|--------|-------------------------------|
| | | | | Check tire wear. |
| | | | | Check for nails, glass, etc. |
| | | | | Check for tread separation. |
| | | | | Check air pressure. |
| | | | | Check lug nuts for tightness. |

UNDER HOOD

| | Needs OK | Attn | Unsafe | |
|--|-------------|------|--------|-------------------------------------|
| | | | | Pressure test cooling system. |
| | | | | Check coolant/antifreeze level. |
| | | | | Check cooling system circulation. |
| | | | | Check brake fluid level. |
| | | | | Check power steering fluid level. |
| | | | | Check battery and cables. |
| | | | | Check starting and charging system. |
| | | | | Check windshield washer fluid. |
| | | | | Check transmission fluid. |

ENGINE

| | Needs OK | Attn | Unsafe | |
|--|-------------|------|--------|---|
| | | | | Check all fuel lines for leaks. |
| | | | | Check belts for looseness or signs of wear. |
| | | | | Check all hoses for leaks or signs of wear. |
| | | | | Check for loose wiring. |
| | | | | Check air filter – clean. |
| | | | | Check accelerator linkage. |
| | | | | Check oil filter. |

UNDERCARRIAGE

| | Needs OK | Attn | Unsafe | |
|--|-------------|------|--------|--|
| | | | | Check fuel tank lines for leaks. |
| | | | | Check differential for leaks. |
| | | | | Check rear springs, shacklers, and shocks. |
| | | | | Check driveshaft center support and U-joint. |
| | | | | Check front suspension and shocks. |
| | | | | Check steering linkage. |
| | | | | Check exhaust system. |

BRAKES

| | Needs OK | Attn | Unsafe | |
|--|-------------|------|--------|---------------------------------------|
| | | | | Check shoes and pads for lining wear. |
| | | | | Check brake lines for leaks. |
| | | | | Check brake vacuum hoses. |
| | | | | Check brake adjustments. |
| | | | | Check brake pedal clearance. |
| | | | | Check emergency brake. |

CONTROL PANEL

| | Needs OK | Attn | Unsafe | |
|--|-------------|------|--------|---------------------------------------|
| | | | | Check warning lights and buzzers. |
| | | | | Check dash lights. |
| | | | | Check interior lighting. |
| | | | | Check gauges. |
| | | | | Check headlamps and remaining lights. |
| | | | | Check license plate light. |
| | | | | Check dimmer switch. |
| | | | | Check emergency flashers. |
| | | | | Check reverse lights. |
| | | | | Check horn. |
| | | | | Check windshield wiper operation. |

ACCESSORIES

| | Needs OK | Attn | Unsafe | |
|--|-------------|------|--------|-------------------------------|
| | | | | Check heater output. |
| | | | | Check air conditioner output. |

BODY INTERIOR

| | Needs OK | Attn | Unsafe | |
|--|-------------|------|--------|---|
| | | | | Check first aid kit. |
| | | | | Check fire extinguisher. |
| | | | | Check seats/floors for tears and looseness. |
| | | | | Check floors for loose wheelchair tracks. |
| | | | | Check fare box bracket for looseness. |
| | | | | Check emergency exit. |
| | | | | Check window operation. |
| | | | | Check rearview mirror. |
| | | | | Check for loose body belts. |

RECOMMENDATIONS:

☐ Schedule recommended work immediately.

☐ Schedule recommended work in the near future.

Inspector's Signature: _____

