

# ACT 493 - ANNUAL STATE VEHICLE REQUEST (To be submitted in July)

MTV-5

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY:

AGENCY CODE:

Prepared by:

Telephone No.:

For Fiscal Year:

VEHICLE TO BE REPLACED							REPLACEMENT VEHICLE		TO BE COMPLETED BY DFA - ADMINISTRATIVE SERVICES		
YEAR	MAKE	MODEL BODY STYLE	LICENSE NUMBER	VIN. NO. (1)	ACTUAL MILEAGE	REPL. CODE (2)	CONT. TYPE (3)	OPTIONS (4)	REQUEST NUMBER	DATE APPVD	MISCELLANEOUS
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Department Director's Signature: \_\_\_\_\_

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

REQUESTING AGENCY WILL COMPLETE ALL ENTRIES FROM YEAR THROUGH OPTIONS(4).

- (1) Enter last four (4) digits of Vehicle Identification Number.
- (2) Enter appropriate Replacement Code: A = Age of vehicle (over 5 years old) M = Mileage (over 75,000 miles) C = Projected cost of maintenance over next 12 months.  
If Replacement Code of "C" is entered, indicate 12 month repair cost and wholesale value of vehicle on separate sheet. ONLY ONE CODE REQUIRED
- (3) Enter requested vehicle type from State Vehicle Contract, i.e., TYPE AA - 2 door subcompact hatchback.
- (4) Enter options from State Vehicle Contract, i.e., Option B - Automatic Transmission.

NOTES: 1. VEHICLES OF 1 TON OR LARGER ARE NOT COVERED BY ACT 493.  
2. SUBSTITUTIONS FOR VEHICLES SCHEDULED FOR REPLACEMENT WILL NOT BE MADE WITHOUT PRIOR APPROVAL FROM DFA - ADMINISTRATIVE SERVICES.