

Light-Duty Vehicle Purchase Approval Form

Attachment II

Requestor Name: _____

Date: _____ (As of date of application for vehicle to be replaced)

Replacement (R) / New (N): _____ (Enter R or N)

Mileage (km): _____

Department: _____

Current Vehicle Year / Make / Model: _____

Unit No(s): _____

New Vehicle Year/ Make/Model: _____

Quantity: _____

Section 1. Vehicle Requirements Validation

Considerations

Comments

(Available, Not available, Not economical, Other info, etc.)

- Sharing of vehicles within business area
- Sharing of vehicles between business area
(especially for special equipment)
- Use of short term rental
- Use of employee owned vehicle
- Use of external contracts
- New employee vehicle
- Multi-purpose vehicle where
vehicle performed various task

(Job functions vehicle assigned to)
(Tasks intended)

Section 2. Standard Vehicle Category (Check One)

- | | | |
|--|---|---|
| <input type="checkbox"/> Passenger Car (4-door/4-Cylinder) | <input type="checkbox"/> Light Truck- 1/4 Ton 4X2 | <input type="checkbox"/> Cab & Chassis- 1 Ton 4X2 |
| <input type="checkbox"/> SUV- 4-Cylinder | <input type="checkbox"/> Light Truck- 1/4 Ton 4X4 | <input type="checkbox"/> Cab & Chassis- 1 Ton 4X4 |
| <input type="checkbox"/> SUV- 6-Cylinder | <input type="checkbox"/> Light Truck- 1/2 Ton 4X2 | <input type="checkbox"/> Cab & Chassis- 1 1/2 Ton 4X2 |
| <input type="checkbox"/> Minivan | <input type="checkbox"/> Light Truck- 1/2 Ton 4X4 | <input type="checkbox"/> Cab & Chassis- 1 1/2 Ton 4X4 |
| <input type="checkbox"/> Cutaway | <input type="checkbox"/> Light Truck- 3/4 Ton 4X2 | <input type="checkbox"/> Cab & Chassis- 2 Ton 4X2 |
| <input type="checkbox"/> Cargo Van- Small | <input type="checkbox"/> Light Truck- 3/4 Ton 4X4 | <input type="checkbox"/> Cab & Chassis- 2 Ton 4X4 |
| <input type="checkbox"/> Cargo Van- Medium | <input type="checkbox"/> Light Truck- 1 Ton 4X2 | |
| <input type="checkbox"/> Cargo Van- Full | <input type="checkbox"/> Light Truck- 1 Ton 4X4 | |

Version (Standard Cab, Crew Cab, Extended Cab, Super Cab, Regular Wheelbase, Extended Wheelbase, etc. where applicable): _____

Non-standard Vehicle

Year / Model / Make: _____ (Specify)

Justification for Non-standard Vehicle:

Section 3. Needs Assessment

(Fill out all that apply, attach supplementary information if necessary)

General	Operational Requirements	FOR FLEET SERVICES USE Standard Equipment?	Non Standard Equipment Justification/ Estimated Cost
Usage:			
1. Frequency of Use (Daily, 3-months (winter period, etc.)	_____		
2. Estimated Annual Mileage (KM)	_____		
3. Normal # of Occupants, Passenger Load	_____		
4. Extra Key(s) Required <i>Specify types and quantity</i>	_____		_____
5. Model Configuration (Standard/Crew/Extended/Super Cab, etc.)	_____		
6. Extended Wheelbase Required	_____		
7. Vehicle Ground Clearance (Inches)	_____		
Interior:			
	Select if required		
8. Front Seat Configuration (Bench/Bucket)	_____	<input type="checkbox"/>	_____
9. Rear Seat Required (Bench/Bucket)	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Vehicle Interior Height Limits (Inches)	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Rear Heat/Air Conditioning Required (for Cargo Van/Minivan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Power Driver Side Mirror and Power Window Required	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Heated Side Mirrors Required <i>Consider cost impact as optional bundle feature</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Tilt Steering Wheel Required	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Reverse Vehicle Aid Sensor Required	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Vinyl Floor Covering Required (<i>Front/Rear</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Rubber Floor Mats Required (<i>Front/Rear</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Entertainment Package Required (DVD/CD/GPS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exterior:			
19. Remote Power Door Lock Required	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Running Board or Pipe Steps Required	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Locking Gas Cap Required	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Anti-theft System Required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical:			
23. Engine Type Required (Gas/Diesel/Hybrid)	_____	<input type="checkbox"/>	_____
24. Anti-slip Rear Axle Required	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. Trailer Tow Package Required, (<i>Specify Class I/III/IV</i>)	_____	<input type="checkbox"/>	_____
26. Trailer Brake Controller Required	_____	<input type="checkbox"/>	_____

Offroad Vehicles	Operational Requirements	Standard Equipment?	Non Standard Equipment Justification
27. Electronic SOF (Shift-On-the-Fly) Required	_____	<input type="checkbox"/>	_____
28. Limited Slip Axle Required	_____	<input type="checkbox"/>	_____
<i>(Fill out all that apply, attach supplementary information if necessary)</i>			

Pickup Truck/Cab & Chassis /Cargo/Cutaway Van	Operational Requirements	Standard Equipment?	Non Standard Equipment Justification
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Usage:

- 29. GVWR Required (LB)
List normal weight of vehicle plus all load _____
- 30. Maximum Payload Required (LB)
List type of equipment to be transported _____
- 31. Cargo Box Length Required (Inches)
List maximum surface area of equipment _____
- 32. Trailer Weight _____
- 33. Towing Capacity (LB)
List type of equipment to be towed _____
- 34. Tailgate Loader Required
Specify Weight capacity, Platform width. _____
- 35. Flatdeck Required
Describe items to be transported _____

Interior:

- 36. Auxiliary Heater/ AC Connector Package _____ _____
- 37. Cargo Box Rubber Lining/Mat/or Plywood Box Lining/Polyurethane Lining Required (*Specify*) _____ _____
- 38. Standard Manufacturer Tool Box Required _____ _____

Exterior:

- 39. 6" Convex Mirror Required _____ _____
- 40. Telescopic Mirror Required _____ _____
- 41. Mud Flaps Required _____ _____

Mechanical:

- 42. Heavy Duty Payload Package Required _____ _____
- 43. Heavy Duty Suspension Package Required _____ _____
- 44. Dual Rear Wheels Required _____ _____
- 45. PTO Option Required
Describe work application (e.g., dump, bucket/man-lift) _____ _____
- 46. Auxiliary Battery Required _____ _____
- 47. Underhood Compressor Required _____ _____
- 48. Ambulance Prep Package Required _____ _____

Others/Miscellaneous (Example:
Special Tires and Wheels, Rear
Sliding Window, Body Frame
Style, etc., specify below)

Non Standard Equipment Justification

**Model Selector Code/
Estimate Cost (where
applicable)**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other After-Build/ After Market
Additions (optional for use as
technical worksheet)**

Example: Emergency Lighting Package; Mobile Communication Radio Installation; GPS; Power Inverter (Pure Sine Wave for Laptop)

(Specify type of hand tools to be used); Underhood Compressor; Trailer Plug-in Wiring; Class III Combination Pintle Hitch (Specify 1-5/16", 1-7/8" or 2" Ball); Snow Plow Location & Type of Joystick or Remote; Tailgate Loader, Aerial Package; Winter Fronts, Vice, etc., specify below

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 4. Life Cycle Cost Justification (see attachment) Form attached

The undersigned approves this purchase request that meets the Administrative Directive's guidelines for Light-Duty Vehicle purchase.

Signed _____
General Manager or Designate

Date (mm-dd-yy) _____

Signed _____
*City Manager or Designate
(for Non-standard vehicles)*

Date (mm-dd-yy) _____

Fleet Services Usage:

Project Number: _____

Reviewed by: _____

Date Reviewed: _____

Life Cycle Cost Justification

Category:

	Model & Make		
	Purchase	Rental	Employee Personal Vehicle
Base Model Purchase Price (incl Excise Tax and Delivery)			
Monthly Rental Charge (For Rental Only)			
Mileage Claim \$/KM (For Employee Personal Vehicle Only)			
Option Prices			
Less Manufacturer Concessions/Discounts			
Net Vehicle Purchase Price (\$)			
Total Life Cycle Rental Cost (\$)			
EPA City Mileage (Litres/100 KM)			
Estimated Annual Mileage (KM)			
Total Fuel Consumption (Litres)			
Cost of Fuel:			
Gasoline			
Diesel			
Total Fuel Consumption (Litres)			
Estimated Vehicle Life (Years)			
Total Life Cycle Fuel Cost (\$)			
Total Estimated Life Cycle Maintenance Cost (including oil service, belts, battery, brakes) (\$)			
Standard Warranty Period (Years)			
A. Remaining Vehicle Life Outside Warranty Period Without Extended Warranty (Years)			
Total Estimated Mileage Driven Outside Warranty Period (KM)			
A. TOTAL Estimated Total Non-Warranty Service Cost w/o Extended Warranty (2% of Base Purchase Price per 10,000 km Driven Outside Warranty Period) (\$)			
Maximum Extended Warranty Period (Years)			
B. Remaining Vehicle Life Outside Warranty Period With Extended Warranty (Years)			
Total Estimated Mileage Driven Outside Warranty Period (KM)			
Estimated Total Non-Warranty Service Cost with Extended Warranty (2% of Base Purchase Price per 10,000 km Driven Outside Warranty Period) (\$)			
Extended Warranty Cost (\$)			
B. TOTAL Estimated Total Non-Warranty Service Cost with Extended Warranty (2% of Base Purchase Price per 10,000 km Driven Outside Warranty Period)			
Total Maintenance Cost Outside Warranty Period (Lesser Value of A. TOTAL and B. TOTAL) (\$)			
Less Salvage Value at End of Life (Assume 9% straight line depreciation of Net Purchase Price) (\$)	\$ -		
Total Life Cycle Cost of Ownership (\$)	\$ -	\$ -	\$ -