

ADMINISTRATIVE ORDER  
OF THE  
JEFFERSON COUNTY COMMISSION  
15- 2

THE JEFFERSON COUNTY COMMISSION hereby issues the following Administrative Order:

**PURPOSE**

To update the comprehensive policies and procedures to ensure that Jefferson County's rolling stock and motorized equipment are selected, purchased, utilized, maintained and disposed of in a manner that provides the best possible support to the County's operations through economical and effective fleet management. This Administrative Order replaces Orders 89-1, 89-1-5, 09-1 and all other amendments/resolutions pertaining to the 1996 Administrative Order.

**DEFINITIONS.** As used herein, the following terms shall have the meaning hereby ascribed to them:

"Authorized Employee (AE)": Any individual authorized to operate a county vehicle on behalf of the Jefferson County Commission, e.g., part-time, hourly, full-time employees, and any individual under contract to perform services.

"Commuting": Use of a county-owned vehicle by an employee for travel between home and official work station, while not in "travel status.

"County": Jefferson County, Alabama.

"First Responder": An authorized County employee who is chosen by a head of a user department to respond in the early stages of an incident. This individual is deemed responsible for the protection and preservation of life, property, evidence, and the environment as defined in section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101). This includes areas such as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations.

"Fleet Contact Person": A person within a user department that is the point of contact for Fleet Management who can receive, distribute, and provide information needed pertaining to the rolling stock in that department or division.

"Fleet Management": This term shall mean the Fleet Management Division of the Roads and Transportation Department including the Mobile Equipment Manager or their designee.

"Office": The facility/official work station within a user department where the employee routinely reports for duty.

"Public Body": shall mean a legal entity established by authority from the Alabama Legislature and/or existing for a public purpose and where more than 50% of its governing body consists of elected public

officers or appointees of elected public officers. Examples include but are not limited to Health Department and Emergency Management Agency.

“Rolling Stock”, “Equipment” or “Unit”: These terms are interchangeable and when used herein shall mean all County motorized vehicles and off-road equipment.

“Surplus Rolling Stock”: shall mean any and all Rolling Stock of the County which has been declared by action of the Jefferson County Commission to be surplus.

“User Department”: Any internal department reporting the County Manager and is recognized by the County Commission as such to do work on behalf Jefferson County. A user department may include, the office of a County Commissioner, the County Manager’s office, the department of Roads and Transportation, General Services, Environmental Services, Inspection Services, Land Planning and Development, Economic and Community Development and all other County departments and divisions.

“Vehicle Management Committee (VMC)”: A committee formed to review and discuss any issues pertaining to Rolling Stock and Equipment.

## **SECTION 1.**

### **RESPONSIBILITY OF ROLLING STOCK OPERATOR AND USER DEPARTMENTS:**

#### Section 1.1: Responsibilities of User Departments.

All User Department heads and their AE’s that use or operate the County’s rolling stock to perform their duties are expected to adhere to the guidelines outlined in the Rolling Stock Operator’s Conduct Manual.

The cost to the County of such violations shall be determined by the County Manager, in consultation with Fleet Management and collected from the offending individual by the Finance Director and paid to the County Treasurer.

Repeat violations or failure to promptly satisfy any charge attributable to a violation shall result in a disciplinary action which may include suspension or termination of the use of the County motor vehicle or equipment and may also include suspension or termination of employment.

#### Section 1.2: License Verification

It is imperative that all AEs operating any of the County’s rolling stock have valid operators’ licenses and adhere to the policy outlined in the Rolling Stock Operators Conduct Manual.

#### Section 1.3: Rolling Stock Assignments to Commissioner Assistants

Each Commissioner’s office is assigned one unit for use by administrative support to conduct County business.

#### Section 1.4: Commuter Vehicles

Pursuant to the procedure set forth below, authorized employees may need to take County vehicles home because of reasons deemed necessary by the County. Each AE must meet the criteria outlined in Sections 1.4.1 and 1.4.2 below. County vehicles will not be driven home outside the County without the specific AE name, destination and approximate daily mileage being approved

by the County Manager. These specific instances will be noted in the annual first responder/commuter list provided to the Commission. As required by Alabama law, commuters and first responders shall use County vehicles only for official County business. County owned vehicles may not be used for personal business. The Department head will need to complete the Commuter Request form (Appendix A) and submit it to the County Manager's office for approval. The Department head and the approved AE must also read and sign the Jefferson County Rolling Stock Operator's Manual and submit the signature page to Fleet Management. Approved commuter lists must also be sent to Fleet Management to retain and make available to officials upon request.

#### Section 1.4.1: First Responders

The following individuals/department members shall be deemed first responders and authorized to have County vehicles assigned to them with overnight use:

- The County Manager
- Jefferson County Commissioners
- Jefferson County Coroner's Office
- Jefferson County Sheriff's Department

Department heads will recommend a list of authorized employees (AE) in their departments deemed first responders as defined in the "definitions" section above. Each March, Department heads need to submit a current list to the Vehicle Management Committee (outlined in Section 8) for review and approval. The County Manager will submit the list of approved First Responders and Commuters to the Commission for acknowledgement on a yearly basis. During the year, revisions to the list must be submitted to the County Manager's office for approval and the approved list sent to Fleet Management.

#### Section 1.4.2: Other Commuters

Department heads will recommend a list of AEs in their departments who may need to take vehicles home because it provides most efficient services to the citizens of Jefferson County. This includes but is not limited to inspectors, assessors, collectors, etc.

## **SECTION 2.**

### **FUEL PROCUREMENT AND REPORTING PROCEDURES**

#### Section 2.1: Personal Identification Numbers

It is imperative that Authorized Employees (AE's) that fuel County vehicles provide the correct vehicle meter reading and use his/ her own personal identification number (PIN#) when making fuel purchases. Each Authorized Employee (AE) is responsible for safe guarding his or her own pin number. AE's who fail to comply with the above are subject to investigation by Fleet Management and possible disciplinary action by his or her supervisor.

#### Section 2.1: Fuel cards

Fuel cards that are assigned to the vehicle must stay with the vehicle until it is either replaced by Fleet Management or the vehicle is taken out of service. Exceptions to this include fuel cards that are assigned to non- motorized and miscellaneous equipment.

### Section 2.2: Fuel Products

All employees must purchase the fuel product prescribed by the vehicle manufacturer, usually unleaded regular fuel or diesel fuel #2 (clear diesel). Any user department or AE that experiences issues with fueling at any County owned site or retail location should contact Fleet Management immediately.

### Section 2.3: County Owned Fuel Sites

User departments shall immediately report any fuel leaks, defective equipment & etc., to Fleet Management. All such repairs and maintenance on fuel dispensing equipment shall be performed by the vendor awarded the County's contract for fuel site maintenance.

### Section 2.4: Fuel Contract and Annual Reporting

Fleet Management shall project the fuel requirements for the fiscal year and forward the information to the Purchasing and Budget Departments. Purchasing secures bids and awards the contracts for fuel. Fleet Management shall file the required annual reports pursuant to the provisions of the Jefferson County Board of Health Air Pollution Control Act of 1971, Act. No. 769 (Regular Session, 1911), and Alabama Environmental Act No. 612 (Regular Session, 1982)

## **SECTION 3.**

### **ROLLING STOCK ACCIDENT REPORTING AND REPAIR**

Any Authorized Employee ("AE") involved in an accident while operating Rolling Stock or any County employee or elected official involved in an accident while driving a non-County vehicle being used in the course of performing County business shall proceed as provided herein.

#### Section 3.1: Personal Injury.

Any AE involved in an accident while driving Rolling Stock or a County employee or elected official involved in an accident while driving a non-County vehicle in the course of performing County business shall immediately report such motor vehicle accidents involving any personal injury or any property damage to any vehicle or any other property to the appropriate police agency or to the Jefferson County Sheriff's Department if the accident occurred in the unincorporated area of the County.

#### Section 3.2: Property Damage.

Employees shall report to the respective department heads accidents involving only minor damage to County property (damages estimated to be less than \$250) occurring on County property, other than roadways, User department heads shall investigate these minor accidents and ensure that employees report all vehicle accidents promptly to Risk Management and Fleet management.

#### Section 3.3: Uniform Vehicle Accident Report form.

Employees must complete a Uniform Vehicle Accident Report form on each vehicle accident. In addition to the police report, the employee(s) involved in the vehicle accident should complete, as applicable, the following reports and forward them to Risk Management:

- ☐ Employee Injury/Incident Report
- ☐ Affidavit – Driver Statement
- ☐ Affidavit – Passenger Statement (if applicable)
- ☐ Supervisor Incident Statement



- ☐ Automobile Loss Notice Form
- ☐ Away From Vehicle Driver Statement (if applicable)

Employees must send copies of the applicable forms listed (available on the County's intranet) to Fleet Management and Risk Management within five (5) calendar days of the accident. Department heads shall ensure that employees send copies of the police reports to Risk and Fleet Management in a timely manner.

Section 3.4: Form SR-13.

The employee must file Form SR13 with the State with copy to the Risk Manager. The County Treasurer's Office shall recover any funds from independent insurance agencies who should write a check to Jefferson County, if repair is made through Fleet Management and charged against the County.

Section 3.5: Confidentiality.

Employees involved in vehicular accidents shall not discuss the accident or give information to any person other than a department supervisor, or designated agent, employee's attorney, an investigating police officer, a member of the County Attorney's staff or Risk Management.

Section 3.6: Damage Repairs

Fleet Management shall repair vehicles in accordance with normal County repair procedures. Risk Management shall coordinate the loss recovery process.

**SECTION 4**

**COMMUTING VEHICLE REPORT (Change from Current Policy)**

Section 4.1: Quarterly reporting

All County employees and elected officials using Rolling Stock for commuting purposes must file a quarterly report with the Finance Budget Management Department indicating the specific days the elected official used such vehicle to commute from home to work and back home. The Finance Budget Management Department will add a current per day fee of reported vehicle use to the gross Federal and FICA taxable wages of the reporting individual. The Finance Payroll Department shall deduct federal withholding income tax and FICA tax on such amounts. If an elected official with an assigned vehicle fails to file a timely report with the Budget Management Department, it will automatically add the fee per County work day, during the subject quarter, to the individual's federal and FICA taxable wages.

Section 4.2: Exceptions

Rolling Stock not subject to the commuting report include clearly marked sheriff and fire vehicles; delivery trucks with seating only for the driver or only for the driver plus a folding jump seat; flat-bed truck, cargo carrier with over 14,000 pound capacity; school and passenger buses with over a 20 person capacity; ambulances; hearses; bucket trucks; cranes and derricks; fork-lifts; cement mixers; dump trucks; garbage trucks; specialized utility repair trucks except vans and pickup trucks; and tractors.

#### Section 4.3: Affidavit required by BMO

At the beginning of the budgeting process of each fiscal year, each department head must include with their budget requirements signed affidavits of each employee assigned Rolling Stock for commuting purposes. The affidavit must be approved by the County Manager's office who will compile a complete list for submittal to the Commission for their acknowledgement annually. Throughout the year, affidavits for newly added employees must also be submitted and approved by the County Manager's office.

### **SECTION 5**

#### **MOTORPOOL**

The Fleet Management office shall provide vehicle pool services to all County departments on a rental vehicle basis. Each Director shall encourage vehicle pool assignments over individual vehicle assignments. Pools are a proven strategy in reducing fleet size and cost reduction.

#### Section 5.1: Motorpool Register

Fleet Management shall maintain a Motor Pool Register reflecting all included motor vehicles. The County Manager's Office with the approval of the County Commission shall add or delete motor vehicles from the motor pool by official action. Authorized employees may obtain motor pool vehicles on a reservation or walk-in basis.

#### Section 5.2: Duration of usage

Employees may use motor pool vehicles for a term limited to five (5) consecutive calendar days. Provided, Fleet Management should routinely extend the authorized term beyond five (5) days where reasonably justified. Such extensions include instances in which a motor pool asset is temporarily replacing a vehicle being repaired and where a new vehicle is on order and the item being replaced is traded or otherwise unavailable. Extensions for non-routine reasons shall require the County Manager's approval.

#### Section 5.3: Rate schedule

The County Manager shall annually adopt a rate schedule to assign the cost of motor pool vehicles to using departments. The rate schedule shall be effective October 1st of each year and subject to modification during the year by the County Manager.

#### Section 5.4: Motorpool vehicles

Fleet Management is responsible for making sure that the motor pool includes a sufficient number of new and low mileage vehicles to encourage regular motor pool usage and diminish demand for individually assigned vehicles. Accordingly, the Fleet Manager may assign or reassign new and low mileage vehicles to the motor pool to insure reliable and dependable cars are readily available if needed.

### **SECTION 6**

#### **VEHICLES/MOTORIZED EQUIPMENT MAINTENANCE AND REPAIR PROCEDURES**

Fleet Management should maintain and repair all County owned Rolling Stock. Fleet will determine whether the equipment can be repaired in-house or in some cases repaired by an outside source.

#### Section 6.1: General

Vehicle maintenance includes inspection, lubrication, adjusting, testing and replacing vehicle components which have failed or are on the verge of failure. These actions will be performed in

one of two ways:

- On a scheduled, periodic basis, which is called preventative maintenance (PM) cycle or;
- On an unscheduled basis, which is referred to as breakdown or unforeseen maintenance issues.

### Section 6.2: Priority of Maintenance

Maintenance of Jefferson County Rolling Stock fleet vehicles and motorized equipment in the maintenance cycle will be prioritized as follows:

| <u>Priority</u> | <u>Vehicle Equipment</u>             |
|-----------------|--------------------------------------|
| 1               | Public safety (Sheriff/EMA etc.)     |
| 2               | Essential Services (Roads & etc.)    |
| 3               | Preventative Maintenance (Scheduled) |
| 4               | Unscheduled Maintenance              |

### Section 6.3: Operational Rolling Stock Needing Preventative Maintenance

It is recommended that all Rolling Stock or equipment requiring preventative maintenance or in disrepair (but safely operational) be scheduled or have an appointment to be driven or delivered to Fleet Management by an AE/ operator. The AE will provide Fleet Management the following information to put on the Equipment Request for Service Form:

- Vehicle Number
- Date
- Vehicle Description
- Mileage/hours
- Department Number
- Repairs required/symptoms

The Fleet Management Office personnel will prepare a vehicle work order in system and enter the vehicle into the maintenance cycle. Once the unit is repaired and tested, the department will be notified for pick-up.

### Section 6.4: Rolling Stock Down or Inoperable

When Rolling stock has unexpectedly broken down or become inoperable, user departments should follow the procedures outlined below in sections 6.4.1 and 6.4.2 and provide Fleet Management with the following information:

- Operator Name
- Contact Information
- Vehicle Number
- Location of Vehicle
- Repairs required/symptoms

#### Section 6.4.1: Local breakdowns (within 50 mile radius of Jefferson County)

##### **During normal business hours:**

- The operator will contact Fleet as well as notify his or her supervisor if their

vehicle breaks down.

- The Fleet Management Department will either dispatch a Fleet Technician to accomplish the repair or arrange for towing of the vehicle, whichever is more economically feasible.

**After hours, weekends or holidays:**

- The operator will contact the Sheriff Department's dispatch as well as notify his or her supervisor if their vehicle breaks down.
- The Sheriff department's dispatch will arrange for towing of the vehicle by the contracted vendor.
- Department must notify Fleet Management of the breakdown by close of the next business day.

Section 6.4.2: Out of Town breakdowns (beyond 50 mile radius of Jefferson County)

**During normal business hours:**

- The operator will contact Fleet as well as notify his or her supervisor if their vehicle breaks down.
- Fleet Management will either dispatch a Fleet Technician to repair/ tow the vehicle or make arrangements to have vehicle repaired by a vendor located near the breakdown site.

**After hours, weekends or holidays:**

- The operator will contact Fleet as well as notify his or her supervisor if their vehicle breaks down.
- Fleet Management will either dispatch a Fleet Technician to repair/ tow the vehicle or make arrangements to have vehicle repaired by a vendor located near the breakdown site.

Section 6.5: Completed Repairs Notification

Fleet Management will notify the User Department upon completion of repairs. This notification will be within one hour of the completion of work.

Section 6.6: Issuing Parts for Self-Help

Under normal circumstances, Fleet Management will only issue repair parts for vehicles in which Fleet is performing the repairs or preventative maintenance. Under special circumstances, the Fleet Manager can approve issuing of minor parts to be held and installed on a self-help basis by the requesting Department only if the requisition is from management personnel within that department, includes justification and is not a serious modification. In these cases, parts will be issued utilizing a Fleet Management Work Order with the appropriate approval.

Section 6.7: Emergency Fleet Support

During emergency conditions, Department Directors requiring emergency fleet support should contact Fleet Management who will provide the requested fleet support within County policies and procedures and negotiate a repair time frame. If for some reason, Fleet Management cannot repair the equipment within the negotiated time, and repair is needed to finish either a project or any other task deemed important by the County Manager or designee, the Department Head should complete the Emergency Repairs Request form (Appendix E) and seek permission from the



County Manager's Office to have the equipment repaired through an approved contractor. Once the equipment is repaired, a copy of the pertinent documents must be submitted immediately to Fleet Management so it can be documented in the Fleet Management System.

Section 6.8: Miscellaneous Work Performed on Rolling Stock

All inspections and other miscellaneous work performed on Rolling Stock by outside vendors must be done so with prior approval from the Fleet Manager. Upon completion of the work, a copy of the pertinent documents must be submitted immediately to Fleet Management so it can be properly documented in the Fleet Management System.

**SECTION 7**

**SERVICE TO PUBLIC BODIES OTHER THAN THE COUNTY**

Fleet Management, with the permission of the County Manager's Office, shall establish and operate procedures for the maintenance, care and repair of the vehicles of Public Bodies (ex: Health Dept, Library, Emergency Management Association). The County Manager shall recommend annually an external rate schedule for Commission adoption to cover the cost of these services.

**SECTION 8**

**VEHICLE MANAGEMENT COMMITTEE**

Section 8.1: Purpose

The purpose of the Vehicle Management Committee (VMC) is to review and discuss any issues pertaining to Rolling Stock and equipment such as establishing motor pools, take home vehicle procedures, department first responder lists and any other policies therein. The committee will meet as needed at the direction of the County Manager's office.

Section 8.2: Committee members

The VMC consists of the Directors of Roads & Transportation, Environmental Services, General Services, Land Development and Inspection Services along with the Jefferson County Sheriff and a designee from the County Manager's Office who will serve as staff and facilitator for the Committee.

**SECTION 9**

**ROLLING STOCK REPLACEMENT**

Section 9.1: Replacement reasons

The County Manager's office will consider and recommend to the County Commission Rolling Stock for replacement for the following reasons:

- 1 ) Fleet Management and the user department deem the unit in question as unsafe
- 2 ) the unit meets the replacement criteria set forth by this Administrative Order
- 3 ) the cost to repair the unit will exceed the expected extended useful value of the Rolling Stock
- 4 ) the vehicle is totaled in an accident and the insurance company gives the car to the County for disposal at its discretion
- 5 ) vehicle maintenance/ operating history

The user department will initiate the request for replacement based upon a demonstrated need for the equipment. The user department will submit information related to the demonstrated need to Fleet Management to be incorporated into the evaluation.

Section 9.2: Rolling Stock disputes

If for some reason user department wants to keep a unit despite that unit meeting the criteria above, a Vehicle Evaluation Form (see Appendix F) must be completed by both the user department and Fleet Management and submitted to the County Manager's Office for a final decision.

It is highly recommend that Fleet Management and the user department attempt to develop a consensus with regard to any disputes pertaining to Rolling Stock.

Section 9.3: Retirement Eligibility Criteria.

Equipment replacement for Jefferson County is divided into three basic groups each having criteria that must be met for a unit to be considered for replacement.

| Group                            | Equipment Unit #s              | Equipment Types                                   | Age Requirement | Mileage Requirement |
|----------------------------------|--------------------------------|---------------------------------------------------|-----------------|---------------------|
| #1- Automobiles and Light Trucks | Beginning with A, B, C or M    | Cars, Pick-ups, SUV's, Vans, Etc.                 | 7 years         | 135,000             |
| #2- Heavy Trucks                 | Beginning with D and E         | Single and Tandem Dumps, Flatbeds, Etc.           | 10 years        | 200,000             |
| #3- Off Road Equipment           | Beginning with F, G, H, S or T | Backhoes, Dozers, Loaders, Scrapers, Pavers, Etc. | 10 years        | 10,000 hours        |

\* Some equipment may be eligible for retirement by age but may have lower mileage. The decision to sell or retain this equipment will be determined by the user department and the County Manager.

Section 9.4: Equipment Replacement ListSection 9.4.1: List Approval Procedure

Each March, the Fleet Manager will review the fleet and compile a list of equipment recommended for replacement based on three criteria: vehicle mileage, age and use. The list will consist of equipment already meeting these criteria as of February 28 and other equipment deemed eligible for retirement based on results shown on the Rolling Stock Evaluation forms attached in (Appendix B-D). The list will be sent to the County Department Heads.

The VMC will meet each March to review and discuss the list of equipment suggested to be replaced, consider fleet expansion requests and project costs for the upcoming fiscal year. They will determine which equipment, if any, is so essential to the delivery of services that it should be replaced. Upon their decision, a list of cost projections will be created for the equipment and submitted to the County Manager for review. Any recommendation for approval to the Commission will be consistent with the existing budgetary constraints.

Once approved, the list will go before the full Commission for further approval in conjunction with the annual budget to set the funding for the upcoming fiscal year. With a commitment for funding, the procurement procedure will begin. (Please note: All turn-in vehicles must be accompanied by a Vehicle Turn-In Notification Form). See Appendix E.

#### Section 9.4.2: Fleet Expansion Requests

All equipment approved and scheduled to be replaced is to be retired and turned in to Fleet Management once the new replacement has arrived. In some cases, however, a department may want to hold on to existing equipment and purchase additional units. This is known as fleet expansion. In such a case, User Departments are required to complete the Request for Fleet Expansion form (See Appendix G) and submit a list of additional equipment they are requesting for the forthcoming fiscal year to the committee or the Fleet Manager. This information will be forwarded to the County Manager's office and then to the Commission for final approval.

Additions to the fleet will not be permitted unless the requesting department can fully justify the need for increasing the size of its fleet. Justification must include a discussion as to how both the new and existing units could be used to meet the service demand and how the County will be negatively impacted by not acquiring the additional unit.

### **SECTION 10**

#### **ROLLING STOCK SPECIFICATIONS**

It is the policy of the Jefferson County Commission that purchase specifications for Rolling Stock reflect only the size and accessories essential to the performance of County functions. Fleet Management shall recommend the most cost-effective specifications for Rolling Stock. User departments with objections or exceptions to Fleet Management's recommendation must have its Department Head submit these in writing to the County Manager's office for approval. The County Manager's office shall resolve any differences of opinion between the user department and Fleet Management pertaining to the specifications.

The following criteria are purchasing guidelines pertaining to specifications for Rolling Stock.

#### Section 10.1: Acquisition Process

- Subject to the Base Configuration listed below, user departments shall prepare purchase specifications for Rolling Stock with the advice and assistance of Fleet Management. Any specifications that are not considered standard equipment must be requested in writing to the County Manager's office for approval.
- After the parties reach an agreement, the user department will concur with agreed specifications by signing the specifications document and returning it to Fleet Management who will enter the requisition.
- The Purchasing Department will receive the completed requisition and shall discuss any substantive changes determined to be needed with the requesting department and Fleet Management. Upon resolution of the changes, the Purchasing Department shall prepare the bid documents and proceed with taking of bids.
- After the Purchasing Department receives all bids, it shall submit copies of the bids received to the user department and Fleet Management for their review and approval. The departments shall resolve any conflicts as mentioned above.

- Upon approval by the user department and Fleet Management, the Purchasing Department shall proceed with the awarding of the purchase contract. The Purchasing Department will send copies of the purchase order to Fleet Management and the user department.
- All new equipment should be delivered to Fleet Management for evaluation since it will be maintained, fueled and repaired by Jefferson County's Fleet Management. When Fleet Management receives the equipment, the user department and Fleet Management will verify conformity with the specifications and insure receipt of the required manuals, cd's and other items pertinent with new equipment.
- Fleet will confirm receipt of the equipment in the requisition system so that the vendor can be paid.
- After the equipment is properly checked in and training has been scheduled if needed, Fleet Management will notify the user department of availability for pick-up.

#### Section 10.2: Base Configuration

Rolling Stock (except Sheriff's Department, District Attorney, and Elected Officials' vehicles) shall be configured as follows:

Section 10.2.1 Personal Modification: It shall be the policy of the Commission that the purchase of window tint and chrome accessories are discouraged. Justification for the reason of such modifications should be submitted in writing to and approved by County Manager, if properly justified. Personal license plates, bumper stickers and displays of other personal beliefs or affiliations are prohibited.

Section 10.2.2 Accessories: Standard engine, automatic transmission, air conditioning, factory tinted windows, left/right remote mirrors, cloth/bench seats, standard radio, power steering, power windows, power brakes, bumper guards, side protective molding. Note: some departments may require heavy duty suspension, heavy duty battery, and heavy duty cooling system.

Section 10.2.3 Color: Standard exterior color for County vehicles is white. Only vehicles assigned to a County Commissioner and the County Manager can be either white or black. Departments such as the County Sheriff may warrant colors such as maroon, silver and tan. The County Manager may approve, upon recommendation of the user department, such "high visibility" colors like yellow, for trucks, vans and larger vehicles where such color selection improve safety for the vehicle and its operators. All interior colors must be standard unless approved by the County Manager's office.

Section 10.2.4 Marking: Fleet Management shall mark all Rolling Stock in a uniform manner with the County Seal and the Vehicle Number on both driver and passenger doors. The County Seal, approximately 6" round for automobiles and 12" round for trucks, should be clear with black writing so it will be readily visible and identifiable on the vehicle. Exceptions to this order include Sheriff's Department, District Attorney, elected officials and specified department head Rolling



Stock which the County Commission and/or County Manager will determine on an individual basis.

Method of Numbering Equipment

- First Character — Equipment Type
  - A — Automobiles and Passenger Vans
  - B — Pickups
  - C — Cargo Vans and Light Trucks
  - D — Single Axle Dump and Flat Bed Trucks
  - E — Tandem Axle Dump and Flat Bed Trucks
  - F — Off Road Equipment (Dozers, Loaders, Backhoes, Excavators, Etc.)
  - G — Sand Spreaders
  - H — Grass Cutters
  - S — Sweepers
  - T — Trailers and Towed Equipment
- Second and Third Characters — Year Model
- Fourth and Fifth Characters — Department Number
- Sixth and Seventh Characters — Sequential order in which Equipment year model was purchased in that Department

**Example: A116012**

**A — Automobile**

**11 — Year 2011**

**60 — Sheriff's Department Code**

**12 — 12<sup>th</sup> piece of 2011 model Equipment added to Sheriff's Department**

Section 10.2.5 License Plates - Rolling Stock shall bear license plates as required by law. Section 40-12-240, Code of Alabama, requires the registration of motor vehicles "owned and used by Counties." The law provides that the license plates must have stamped thereon the word "County" for owned Rolling Stock. The law also provides that any person driving a governmentally owned Rolling Stock "without proper tag thereon shall be guilty of a misdemeanor." Further, in accordance with the Supervisor, Registration/International Registration, Motor Vehicle Division, State of Alabama, "law enforcement agencies should be advised that the undercover license plates are to be used only when the vehicle is actually being employed in investigative and surveillance work. Clearly, it is legislative intent that when the vehicle is used in normal activity the governmental license plate provided under Section 40-12-250 is to be displayed." Fleet Management is agent for Jefferson County to transfer certificates of title for all Rolling Stock.

**SECTION 11**

**SALE OF SURPLUS COUNTY ROLLING STOCK**

Section 11.1: Definitions

"Surplus Rolling Stock" shall mean any and all Rolling Stock of the County which has been declared by action of the Jefferson County Commission to be surplus.

"Public Body" shall mean a legal entity established by authority from the Alabama Legislature and/or existing for a public purpose and where more than 50% of its governing body consists of elected public officers or appointees of elected public officers.

Section 11.2: Procedure

The Jefferson County Commission shall dispose of that Rolling Stock at fair market value by auction or for an amount as determined by the Fleet Management in accordance with the following procedure:

- Fleet Management shall receive recommendations for surplus declaration of County Rolling Stock from user departments and shall take notice of such Rolling Stock under its custody and control. User departments shall inform Fleet Management of any special state or federal requirements or court orders affecting in any way the disposition of the Rolling Stock being considered.
- Following the determination of such surplus status, Fleet Management shall from time to time submit such Rolling Stock by appropriate description, to the Jefferson County Commission via the County Manager's office for declaration of surplus status.
- The Purchasing Department or the Fleet Manager shall dispose of such Surplus Rolling Stock by auction via the current awarded auctioneer at such appropriate times and places as beneficial to the County. Prior to auction (preferably, no less than 60 days before), any Public Body may purchase by negotiation any such Surplus Rolling Stock. The purchase price shall be the fair market value as determined by Fleet Management using any trade references or other sale value information as may be available (e.g., Kelly Blue, NADA & etc.).

All sales shall be final and the Purchasing Department shall sell such Rolling Stock "as is" and without any warranty of any nature. Fleet Management shall evidence all sales by appropriate sale and title documents. The Purchasing Department or its current agent/auctioneer shall pay all proceeds from the sales of Surplus Rolling Stock to the Treasurer's Office. The Treasurer's Office shall deposit the proceeds into the Capital Project Fund Account of the County or appropriate Enterprise fund account and make distributions of proceeds in compliance with any such state or federal laws or court orders affecting the Rolling Stock.

APPROVED BY THE  
JEFFERSON COUNTY COMMISSION  
DATE: 7-30-15  
MINUTE BOOK: 168  
PAGE(S): 329-337



**Jefferson County Fleet Management**  
We keep things moving toward progress

**Commuter Request Form**

|                                                                                                                                               |      |      |       |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------|------|-------|----------------|
| <b>REQUESTOR</b>                                                                                                                              |      |      |       |                |
| Name:                                                                                                                                         |      |      |       |                |
| Department:                                                                                                                                   |      |      |       |                |
| Title:                                                                                                                                        |      |      |       |                |
| Phone:                                                                                                                                        |      |      |       |                |
| Email:                                                                                                                                        |      |      |       |                |
| <b>COMMUTER</b>                                                                                                                               |      |      |       |                |
| <input type="checkbox"/> First Responder <input type="checkbox"/> Inspector, Assessor, Collector <input type="checkbox"/> Other specify _____ |      |      |       |                |
| Name:                                                                                                                                         |      |      |       |                |
| Department:                                                                                                                                   |      |      |       |                |
| Division:                                                                                                                                     |      |      |       |                |
| Title:                                                                                                                                        |      |      |       |                |
| Home Address:                                                                                                                                 |      |      |       |                |
| County:                                                                                                                                       |      |      |       |                |
| <b>VEHICLE</b>                                                                                                                                |      |      |       |                |
| FLEET Equipment Number                                                                                                                        | Year | Make | Model | Commuter miles |
|                                                                                                                                               |      |      |       |                |
| <b>JUSTIFICATION FOR TAKING VEHICLE HOME</b>                                                                                                  |      |      |       |                |
|                                                                                                                                               |      |      |       |                |
| <b>DEPARTMENT AUTHORIZATION</b>                                                                                                               |      |      |       |                |
| Department Head/ Director:                                                                                                                    |      |      |       |                |
| Authorized Signature: _____                                                                                                                   |      |      |       |                |
| I do hereby certify that all the above information is true and correct.                                                                       |      |      |       |                |
| <b>COUNTY MANAGER'S AUTHORIZATION</b>                                                                                                         |      |      |       |                |
| County Manager's office                                                                                                                       |      |      |       |                |
| Authorized Signature: _____                                                                                                                   |      |      |       |                |

*\*NOT COMPLETING ALL APPLICABLE SECTIONS MAY DELAY PROCESSING OF THIS REQUEST\**



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### Car/ Light Truck Evaluation Form

| Vehicle Information |                                                                                                                                                                                                                                                                                                                             |                 |    |        |    |    |    |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----|--------|----|----|----|
| VEHICLE#            |                                                                                                                                                                                                                                                                                                                             | DEPT#           |    |        |    |    |    |
| DATE                |                                                                                                                                                                                                                                                                                                                             | COMPLETED BY    |    |        |    |    |    |
| DEPARTMENT          |                                                                                                                                                                                                                                                                                                                             |                 |    |        |    |    |    |
| Factor              | Replacement Guidelines                                                                                                                                                                                                                                                                                                      | Points Assigned |    |        |    |    |    |
| Age                 | One point for each year of chronological age, based on in-service date.                                                                                                                                                                                                                                                     | 1               | 2  | 3      | 4  | 5  | 6  |
|                     |                                                                                                                                                                                                                                                                                                                             | 7               | 8  | 9      | 10 | 11 | 12 |
|                     |                                                                                                                                                                                                                                                                                                                             | 13              | 14 | 15     | 16 | 17 | 18 |
| Miles/Hours         | One point for each 10,000 miles of use.                                                                                                                                                                                                                                                                                     | 1               | 2  | 3      | 4  | 5  | 6  |
|                     |                                                                                                                                                                                                                                                                                                                             | 7               | 8  | 9      | 10 | 11 | 12 |
| Type of Service     | 1, 3, or 5 points are assigned based on the type of service that vehicle receives.<br><br>For instance, a police patrol car would be given a "5" because it is in severe duty service. In contrast, an administrative sedan would be given a "1".                                                                           | Mild            |    | Severe |    |    |    |
|                     |                                                                                                                                                                                                                                                                                                                             | 1               | 3  | 5      |    |    |    |
| M&R Costs           | 1 to 5 points are assigned based on total life M&R costs (not including repair of accident damage). A "5" is assigned to a vehicle with life M&R costs equal or greater to the vehicle's original purchase price, while a "1" is given to a vehicle with life M&R costs equal to 20% or less of its original purchase cost. | <=20%           |    | >=100% |    |    |    |
|                     |                                                                                                                                                                                                                                                                                                                             | 1               | 2  | 3      | 4  | 5  |    |
| Condition           | This category takes into consideration body condition, rust, interior condition, accident history, anticipated repairs, etc.<br><br>A scale of 1 to 5 points is used with 5 being poor condition.                                                                                                                           | Excellent       |    | Poor   |    |    |    |
|                     |                                                                                                                                                                                                                                                                                                                             | 1               | 2  | 3      | 4  | 5  |    |
|                     |                                                                                                                                                                                                                                                                                                                             | TOTAL POINTS    |    |        |    |    |    |

| Condition based on total points (check one)  |                |  |
|----------------------------------------------|----------------|--|
| Classification                               | Total Points   |  |
| Condition I - Excellent                      | < 18 Points    |  |
| Condition II - Good                          | 18 - 22 points |  |
| Condition III - Qualifies for replacement    | 23 - 27 points |  |
| Condition IV - Needs immediate consideration | 28 points +    |  |

\*Attach all supporting documents to this form.





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### Medium/ Heavy Truck Evaluation Form

| Vehicle Information    |                                                                                                                                                                                                                                                                                                                                           |                     |    |         |    |    |    |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----|---------|----|----|----|
| VEHICLE#               | DEPT#                                                                                                                                                                                                                                                                                                                                     | DEPARTMENT          |    |         |    |    |    |
| DATE                   | COMPLETED BY                                                                                                                                                                                                                                                                                                                              |                     |    |         |    |    |    |
| Factor                 | Replacement Guidelines                                                                                                                                                                                                                                                                                                                    | Points Assigned     |    |         |    |    |    |
| <b>Age</b>             | One point for each year of chronological age, based on in-service date.                                                                                                                                                                                                                                                                   | 1                   | 2  | 3       | 4  | 5  | 6  |
|                        |                                                                                                                                                                                                                                                                                                                                           | 7                   | 8  | 9       | 10 | 11 | 12 |
|                        |                                                                                                                                                                                                                                                                                                                                           | 13                  | 14 | 15      | 16 | 17 | 18 |
| <b>Miles/Hours</b>     | One point for each 10,000 miles or 750 hours of use.                                                                                                                                                                                                                                                                                      | 1                   | 2  | 3       | 4  | 5  | 6  |
|                        |                                                                                                                                                                                                                                                                                                                                           | 7                   | 8  | 9       | 10 | 11 | 12 |
| <b>Type of Service</b> | 1, 3, or 5 points are assigned based on the type of service that truck had during most of its life. For instance, a dump truck that has been used in an off-road environment (such as a landfill) would be given a "5" because it is in severe duty service. In contrast, a truck used for in-town delivery service would be given a "1". | Mild                |    | Severe  |    |    |    |
|                        |                                                                                                                                                                                                                                                                                                                                           | 1                   |    | 3       |    | 5  |    |
| <b>Reliability</b>     | Points are assigned as 1, 3, or 5 depending on the frequency that a truck is in the shop for repair. A "5" would be assigned to a vehicle that is in the shop three or more times per month on average, while a "1" be assigned to a vehicle in the shop an average of once every two months or less.                                     | 1                   |    | 3       |    | 5  |    |
| <b>M&amp;R Costs</b>   | 1 to 5 points are assigned based on total life M&R costs (not including repair of accident damage). A "5" is assigned to a vehicle with life M&R costs equal or greater to the vehicle's original purchase price, while a "1" is given to a vehicle with life M&R costs equal to 20% or less of its original purchase cost.               | <=20%               |    | >= 100% |    |    |    |
|                        |                                                                                                                                                                                                                                                                                                                                           | 1                   | 2  | 3       | 4  | 5  |    |
| <b>Condition</b>       | This category takes into consideration body condition, rust, interior condition, accident history, anticipated repairs, etc. A scale of 1 to 5 points is used with 5 being poor condition                                                                                                                                                 | Excellent           |    | Poor    |    |    |    |
|                        |                                                                                                                                                                                                                                                                                                                                           | 1                   | 2  | 3       | 4  | 5  |    |
|                        |                                                                                                                                                                                                                                                                                                                                           | <b>TOTAL POINTS</b> |    |         |    |    |    |

| Condition based on total points (check one)  |                |  |
|----------------------------------------------|----------------|--|
| Classification                               | Total Points   |  |
| Condition I - Excellent                      | < 20 Points    |  |
| Condition II - Good                          | 20 - 23 points |  |
| Condition III - Qualifies for replacement    | 24 - 30 points |  |
| Condition IV - Needs immediate consideration | 31 points +    |  |

\*Attach all supporting documents to this form.



## Jefferson County Fleet Management

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## Construction Equipment Evaluation Form

| Vehicle Information |                                                                                                                                                                                                                                                                                                                             |                 |    |            |    |    |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----|------------|----|----|
| VEHICLE#            |                                                                                                                                                                                                                                                                                                                             | DEPT#           |    | DEPARTMENT |    |    |
| DATE                |                                                                                                                                                                                                                                                                                                                             | COMPLETED BY    |    |            |    |    |
| Factor              | Replacement Guidelines                                                                                                                                                                                                                                                                                                      | Points Assigned |    |            |    |    |
| Age                 | One point for each year of chronological age, based on in-service date.                                                                                                                                                                                                                                                     | 1               | 2  | 3          | 4  | 5  |
|                     |                                                                                                                                                                                                                                                                                                                             | 6               | 7  | 8          | 9  | 10 |
|                     |                                                                                                                                                                                                                                                                                                                             | 11              | 12 | 13         | 14 | 15 |
| Miles/Hours         | One point for each 750 hours of use, 500 hours for severe applications such as a landfill or snow removal activities.                                                                                                                                                                                                       | 1               | 2  | 3          | 4  | 5  |
|                     |                                                                                                                                                                                                                                                                                                                             | 6               | 7  | 8          | 9  | 10 |
|                     |                                                                                                                                                                                                                                                                                                                             | 11              | 12 | 13         | 14 | 15 |
| Type of Service     | 1, 3, or 5 points are assigned based on the type of service that vehicle receives. For instance, a loader used in heavy construction activities would be given a "5" because it is in severe duty service. In contrast, a loader primarily used in a corporation yard to load sand into dump trucks would be given a "1".   | Mild            |    | Severe     |    |    |
| Reliability         | Points are assigned as 1, 3, or 5 depending on the frequency that a vehicle is in the shop for repair. A five would be assigned to a piece of equipment that is in the shop two or more times per month on average, while a 1 be assigned to equipment in the shop an average of once every two months or less.             | 1               | 3  | 5          |    |    |
| M&R Costs           | 1 to 5 points are assigned based on total life M&R costs (not including repair of accident damage). A "5" is assigned to a vehicle with life M&R costs equal or greater to the vehicle's original purchase price, while a "1" is given to a vehicle with life M&R costs equal to 20% or less of its original purchase cost. | <=20%           |    | >=100%     |    |    |
| Condition           | This category takes into consideration body condition, rust, interior condition, accident history, anticipated repairs, etc. A scale of 1 to 5 points is used with 5 being poor condition                                                                                                                                   | 1               | 2  | 3          | 4  |    |
| TOTAL POINTS        |                                                                                                                                                                                                                                                                                                                             |                 |    |            |    |    |

| Condition based on total points (check one)  |                |
|----------------------------------------------|----------------|
| Classification                               | Total Points   |
| Condition I - Excellent                      | < 25 Points    |
| Condition II - Good                          | 25 - 30 points |
| Condition III - Qualifies for replacement    | 31 - 37 points |
| Condition IV - Needs immediate consideration | 38 points +    |

\*Attach all supporting documents to this form.



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## Emergency Repairs Request

Requested By:

Department:

| VEHICLE     |                      | OPERATOR             |                      |
|-------------|----------------------|----------------------|----------------------|
| Vehicle # : | <input type="text"/> | Name:                | <input type="text"/> |
| Year:       | <input type="text"/> | Department:          | <input type="text"/> |
| Make:       | <input type="text"/> | Phone# :             | (    )    -          |
| Model:      | <input type="text"/> | <input type="text"/> |                      |
| Location:   | <input type="text"/> |                      |                      |

### SYMPTOMS/ REPAIRS REQUIRED

Describe vehicle breakdown and why this situation is an emergency.

| PROPOSED ACTION<br>(COUNTY MANAGER'S OFFICE USE ONLY) |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| Emergency Approval                                    | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| Vendor to perform repair                              | <input type="text"/>                                              |
| Estimated Repair Cost                                 | \$ <input type="text"/>                                           |
| County Manager's Office                               | <input type="text"/>                                              |

\*Please forward a copy of completed form to Fleet Management

\*NOT COMPLETING ALL APPLICABLE SECTIONS MAY DELAY PROCESSING OF THIS REQUEST\*



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## Vehicle Evaluation Form

|                                                                                                                                                                                                              |  |                                                                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>VEHICLE</b>                                                                                                                                                                                               |  |                                                                                                                                                                         |  |
| Year:                                                                                                                                                                                                        |  | Department #:                                                                                                                                                           |  |
| Make:                                                                                                                                                                                                        |  | Department Name:                                                                                                                                                        |  |
| Model:                                                                                                                                                                                                       |  |                                                                                                                                                                         |  |
| <b>DEPARTMENT RECOMMENDATION</b>                                                                                                                                                                             |  |                                                                                                                                                                         |  |
| <b>DISPOSE</b><br><input type="checkbox"/> Total Loss<br><input type="checkbox"/> Repair exceeds useful value<br><input type="checkbox"/> Meets replacement criteria<br><input type="checkbox"/> Other _____ |  | <b>RETAIN</b><br><input type="checkbox"/> Unable to replace vehicle<br><input type="checkbox"/> Vehicle in good/ safe condition<br><input type="checkbox"/> Other _____ |  |
| Department Head: _____ Date: _____                                                                                                                                                                           |  |                                                                                                                                                                         |  |
| <b>FLEET RECOMMENDATION</b>                                                                                                                                                                                  |  |                                                                                                                                                                         |  |
| <b>DISPOSE</b><br><input type="checkbox"/> Total Loss<br><input type="checkbox"/> Repair exceeds useful value<br><input type="checkbox"/> Meets replacement criteria<br><input type="checkbox"/> Other _____ |  | <b>RETAIN</b><br><input type="checkbox"/> Unable to replace vehicle<br><input type="checkbox"/> Vehicle in good/ safe condition<br><input type="checkbox"/> Other _____ |  |
| Fleet Manager: _____ Date: _____                                                                                                                                                                             |  |                                                                                                                                                                         |  |
| <b>COUNTY MANAGER'S OFFICE</b>                                                                                                                                                                               |  |                                                                                                                                                                         |  |
| Authorized Signature: _____ Date: _____                                                                                                                                                                      |  |                                                                                                                                                                         |  |
| I do hereby certify that all the above information is true and correct                                                                                                                                       |  |                                                                                                                                                                         |  |
|                                                                                                                                                                                                              |  |                                                                                                                                                                         |  |





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## Request for Fleet Expansion

| 1. REQUESTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |        |                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | Date:  |                                                                                                                                                                                                                                                            |
| Department:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | Phone: |                                                                                                                                                                                                                                                            |
| Division:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               | Email: |                                                                                                                                                                                                                                                            |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | Fax:   |                                                                                                                                                                                                                                                            |
| 2. DESCRIPTION OF EQUIPMENT TO BE PURCHASED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |                                                                                                                                                                                                                                                            |
| Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Make                          | Model  | <u>Type of Vehicle</u><br><input type="checkbox"/> Sedan<br><input type="checkbox"/> Pickup<br><input type="checkbox"/> SUV<br><input type="checkbox"/> Heavy Truck<br><input type="checkbox"/> Off road equipment<br><input type="checkbox"/> Other _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |        |                                                                                                                                                                                                                                                            |
| 3. DESCRIPTION OF RETAINED EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |        |                                                                                                                                                                                                                                                            |
| Fleet Equipment Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Year                          | Make   | Model                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |        |                                                                                                                                                                                                                                                            |
| Vehicle Type (Sedan, SUV, Etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Vehicle Identification Number |        | Miles/Hours                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |        |                                                                                                                                                                                                                                                            |
| 1. Fuel Type: Gasoline      Diesel      (Other Describe: _____ )<br>2. Engine Description: 4-Cyl      6-Cyl      8-Cyl      (Other Describe: _____ )<br>3. Transmission: : Automatic      Manual<br>4. Drive: Two Wheel Drive      Four Wheel Drive      Tandem<br>5. Condition (Good, Fair or Poor): (Body: ____ ) (Paint: ____ ) (Engine: ____ ) (Drive train: ____ ) (Tires: ____ )<br>6. Status of Equipment: Operational      Non-Operational      (Specify if: Wrecked      Burned      Other)<br>7. Cab Model (Trucks only): Regular      Extended      Crew Cab<br>8. Other: _____ |                               |        |                                                                                                                                                                                                                                                            |
| 4. SPECIFIC DUTIES OF THE ASSIGNEE AND VALID JUSTIFICATION FOR EXPANSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |        |                                                                                                                                                                                                                                                            |
| 5. AUTHORIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |        |                                                                                                                                                                                                                                                            |
| County Manager's Office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                                                                                                                                                                                                                                                            |
| Authorized Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |                                                                                                                                                                                                                                                            |
| I do hereby certify that all the above information is true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                                                                                                                                                                                                                            |

*\*NOT COMPLETING ALL APPLICABLE SECTIONS MAY DELAY PROCESSING OF THIS REQUEST\**