

NOTE: Please fill in requested information as completely as possible. Place an (X) in the correct feature/description. MANDATORY fields are indicated by (*) asterisks.

MIDLANT BSVE MOTOR VEHICLE DESCRIPTION AND VEHICLE CHECKLIST

Vehicle Tag * _____ **Location/Site *** _____
IO# * _____ **EC *** _____ **Leased/Owned/Non Owned *** _____
Odometer Reading * _____ **Hours** _____ **Acquisition Cost *** _____
Manufacturer * _____ **Model *** _____
Year Mfg. * _____ **VIN *** _____
Pass Cap _____ **Trans (Man/Auto)** _____ **# Doors** _____
Color (Ext */Int) _____ / _____ **Fuel Type *** _____ **Fuel Cap** _____ **Cylinders** _____
#Axles _____ **Pickup Bed (narrow/wide)** _____ **Bed Length** _____ **GVWR *** _____
Body Style/Description _____
Installation Date _____ **Acquisition Date *** _____ **In-Service Date *** _____
Purchase Price: _____ **Warranty Expiration Date/Miles:** _____ / _____
Warranty Expiration Date/Miles: _____ / _____ **MSA** Yes No
Owning Activity * _____ **UIC** _____
Activity POC _____ **POC Work Phone ONLY** _____
Secondary POC _____ **POC Purchase Price:** _____
 GSA Agency Owned Long Term Commercial Lease Short Term Rental
Operational Status: Oper Decom Pend Other : _____
Exemption ID * _____ **Location Code *** _____ **Location Zip *** _____ **WC** _____

Vehicle Specifications:

Purchase Contract Number:	RPN:
Engine Type:	Engine Serial Number:
Number of Cylinders:	Engine Size:
Battery Size (amp):	Transmission Type:
Auxiliary Engine Type:	Aux. Eng. Serial Number:
Aux. Eng. Power:	Aux. Eng. Cylinders:
Tire Size, Front:	Tire Size, Rear:
Ignition Code:	Lease Contract Number:

Please check/list any special features and accessories:

<input type="checkbox"/> 4x4	<input type="checkbox"/> AWD	<input type="checkbox"/> Dual Wheels	<input type="checkbox"/> Power Locks
<input type="checkbox"/> 4x6	<input type="checkbox"/> Extended Cab	<input type="checkbox"/> Towing Package	<input type="checkbox"/> Power Windows
<input type="checkbox"/> 6x6	<input type="checkbox"/> Crew Cab	<input type="checkbox"/> Utility Body	<input type="checkbox"/> Tire Chains

Please check/describe vehicle condition:

<input type="checkbox"/> A/C Inoperable	<input type="checkbox"/> Electrical Problems	<input type="checkbox"/> Headlights Inoperable	<input type="checkbox"/> Starter Bad-Won't Start
<input type="checkbox"/> Battery(s) Dead/Missing	<input type="checkbox"/> Exhaust System Problem	<input type="checkbox"/> Keys Missing	<input type="checkbox"/> Speedometer Inoperable
<input type="checkbox"/> Body Damage, Rust	<input type="checkbox"/> Fire Damage	<input type="checkbox"/> Parking Lights Inoperable	<input type="checkbox"/> Suspension Problems
<input type="checkbox"/> Brakes Worn	<input type="checkbox"/> Flood Damage	<input type="checkbox"/> Mechanical Problems	<input type="checkbox"/> Transmission Leak
<input type="checkbox"/> Dents, Minor	<input type="checkbox"/> Fuel Gauge Inoperable	<input type="checkbox"/> Minor Scratches	<input type="checkbox"/> Trans. Repairs Req.
<input type="checkbox"/> Engine Part(s) Required	<input type="checkbox"/> Interior Damaged	<input type="checkbox"/> Odometer Inoperable	<input type="checkbox"/> Visual Blemishes
<input type="checkbox"/> Engine Repairs Req.	<input type="checkbox"/> Hazard Lights Inoperable	<input type="checkbox"/> Oil Leaks	<input type="checkbox"/> Windshield Cracked
<input type="checkbox"/> Engine Smoke	<input type="checkbox"/> Horn Inoperable	<input type="checkbox"/> Radiator Leak	<input type="checkbox"/> Wipers Inoperable
<input type="checkbox"/> Axel Damage	<input type="checkbox"/> Frame Damage	<input type="checkbox"/> Tires(condition)	

Please Check Appropriate Condition Code:

___ Code 1 = Excellent ___ Code S = Scrap (Major mechanical or accidents repairs required.)
 ___ Code 4 = Usable ___ Code X = Salvage (Not to be "Titled" for highway use.)
 ___ Code 7 = Repairable (Mechanical and/or accident repairs required)

Data Recorded By: _____ Date: _____