

MIDLANT BSVE MOTOR VEHICLE DESCRIPTION AND VEHICLE CHECKLIST

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

Vehicle Tag * N9471439 Location/Site * LITCRE
 IO# * _____ EC * _____ Leased/Owned/Non Owned * Owned
 Odometer Reading * 41902 Hours _____ Acquisition Cost * _____
 Manufacturer * Ford Model * Cargo Van
 Year Mfg. * 2003 VIN * 1FTSS34L534B40270
 Pass Cap _____ Trans (Man/Auto) Auto # Doors 2
 Color (Ext */Int) White / Grey Fuel Type * Gas Fuel Cap _____ Cylinders _____
 #Axles 2 Pickup Bed (narrow/wide) _____ Bed Length _____ GVWR * _____
 Body Style/Description Cargo Van
 Installation Date _____ Acquisition Date * _____ In-Service Date * _____
 Purchase Price: _____ Warranty Expiration Date/Miles: _____ / _____
 Warranty Expiration Date/Miles: _____ / _____ MSA Yes No
 Owing 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 checked="" 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)	

Interior: Poor, & won't start

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: _____