SUPPLEMENT I

DEPARTMENT VEHICLE REQUEST

To facilitate the review of departmental vehicle requisitions this request form is required to be completed by the Department ordering/purchasing any vehicle. Complete all portions of this form including obtaining the requisite signatures. Please note that a separate form must be completed for each vehicle request.

BACKGROUND: A&PS set a goal in 2006 to reduce the size of the vehicle fleet under its use and control by 20%. This reduction is required to meet carbon footprint maximums, reduce fuel usage, and comply with Federal and State of California emissions requirements. All vehicle requests will be evaluated under this criteria before Fleet Services authorizes purchase of any requested vehicle, and where possible, will confine purchases to fuel-efficient low emission vehicles, alternative powered vehicles, and no emission vehicles.

PLEASE PRINT CLEARLY – if additional space is needed please attach additional sheets

Date of Request: _________________ Name of Requestor_______________________________________
Department Request Vehicle Purchase: _______________________________________________________
End User Unit (within Department Requesting): _________________________________________________

Will this vehicle be assigned to a specific user Yes No
Will this vehicle be assigned to multiple users Yes No
If YES, will it be used as a “department pool” vehicle Yes No
Is this vehicle intended to carry passengers (or multiple staff) on a regular basis Yes No
If YES, please circle an estimate of passenger use: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Is this vehicle going to be used to carry supplies/equipment Yes No
Will supplies/equipment be left in the vehicle overnight Yes No
If replacing a current UCSD vehicle, please list the ID number of the vehicle being replaced: ID# __________
If this is a replacement vehicle, has Fleet Services recommended this vehicle be replaced Yes No
How many of this type of vehicle do you have in your fleet currently: __________
Provide a justification/rationale and you assessment of your business practices that would indicate this vehicle will enhance your ability to provide needed services or provide them more efficiently and cost effectively:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

List what expectations you have for the use of this vehicle and the type of situations you expect it to perform under (e.g. on public roads, campus interior paths/roadways, turf, between campuses, off road, cargo, etc.):

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Please indicate what research you have completed to determine the type of vehicle you are requesting is the vehicle best able to complete the functions you expect it to perform:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Year, make and model of vehicle requested: ____________________________________________

Circle one: 2-door  4-door

Additional equipment needed: Towing Package: ____________________________________________

Other: ____________________________________________________________________________

If requesting a non-energy efficient vehicle, please list types of Neighborhood Electric Vehicles (NEVs), and other energy efficient vehicles researched. In addition, please provide justification for requesting a non-energy efficient, high emission vehicle:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Are you willing to look at alternative vehicles that provide the functionality you require  Yes  No

If it has been determined by the requesting department that there is no alternative fuel vehicle that meets your operational needs, please provide signature approval from both the requesting area’s Vice Chancellor/Dean and the Vice Chancellor of Business Affairs.

PRINTED full name of requesting area’s Vice Chancellor/Dean  APPROVAL SIGNATURE of request area’s Vice Chancellor/Dean

APPROVAL SIGNATURE – Vice Chancellor Resource Management and Planning

PRINTED full name of person submitting original request  SIGNATURE of person submitting original request
| PRINTED full name of Manager/Department Reviewer | SIGNATURE of Manager/Department Reviewer |
| PRINTED full name of Department Business Officer | SIGNATURE of Department Business Officer |

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<thead>
<tr>
<th>FOR FACILITIES MANAGEMENT USE</th>
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<tr>
<td>Fleet Service Representative receiving completed forms</td>
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<td>Reviewed By</td>
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Notes/Action taken:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

|
| Vehicle Order Date | Vehicle Delivery Date |