Michigan Department of Transportation 3035 (10/2023)

## FY 20\_\_ VEHICLE INVENTORY FOR SECTION 5311 TRIBAL APPLICATION

NOTE: Vehicles to be replaced in this application should be identified with an asterisk prior to the "Model Year and Chassis Type" Column.

INSTRUCTION: Complete and return the form to the Michigan Department of Transportation (MDOT). This form is required to be signed or stamped by the applicant's authorized signer of the applicant's contract with MDOT or the applicant's fleet manager.

NAME OF AGENCY (Legal Organization Name)

| MODEL<br>YEAR &<br>CHASSIS<br>TYPE | VEHICLE ID NUM<br>(Chassis Serial Nu |                            | LOCA<br>VEHIC<br>NUMB | LE                                    | SEATING<br>CAPACITY            | LIFT<br>EQUIPPED<br>Y/N | MILEAGE<br>AS OF<br>10/15/2023 | IN SERVICE<br>DATE |
|------------------------------------|--------------------------------------|----------------------------|-----------------------|---------------------------------------|--------------------------------|-------------------------|--------------------------------|--------------------|
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
|                                    |                                      |                            |                       |                                       |                                | Yes<br>No               |                                |                    |
| OTAL NUMBER OF VEHICLES            |                                      |                            |                       | NUMBER OF LIFT/RAMP EQUIPPED VEHICLES |                                |                         |                                |                    |
| NAME OF AUTHORIZED SIGNER          |                                      | TITLE OF AUTHORIZED SIGNER |                       |                                       | SIGNATURE OF AUTHORIZED SIGNER |                         |                                | DATE               |