FY 20___VEHICLE INVENTORY

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

INSTRUCTIONS: 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 YEAR & CHASSIS TYPE	LOANER (I) OR OWNED VEHICLE (O)	VEHICLE II (Chassis Se		LOCAL VEHICLE NUMBER	STATE LICENSE NUMBER	SEATING CAPACITY	LIFT EQUIPPED	MILEAGE AS OF 10/15/2023	IN SERVICE DATE	FUNDING SOURCES
TOTAL NUMBER OF VEHICLES					NUMBER OF LIFT/RAMP EQUIPPED VEHICLES					
NAME OF AUTHORIZED SIGNER			TITLE OF AUTHORIZED SIGNER			SIGNATURE OF AUTHORIZED SIGNER				ATE