

NEVADA STATE PURCHASING DIVISION
PROPERTY MANAGEMENT PROGRAM

VEHICLE/EQUIPMENT TURN-IN DOCUMENT

FOR OFFICE USE ONLY

Control#: _____
BA #: _____

TO: NEVADA STATE PURCHASING DIVISION
PROPERTY MANAGEMENT PROGRAM
515 E MUSSER ST, STE 300
CARSON CITY, NV 89701
PH: (775) 684-0192 FAX: (775) 684-0188

FROM: Agency Name: _____
Address: _____
Phone: _____ Fax _____
Property location: _____
Contact: _____ Phone: _____

PROCEDURES:

1. Titles must be furnished with vehicles and correctly signed off by authorized personnel. Sign agency name exactly as it appears on front of title.
2. Two complete sets of keys to accompany vehicle.
3. All decals, official markings and special equipment (emergency lights, etc.) must be physically removed from vehicle.
4. License plates removed.
5. Upon delivery at the warehouse, vehicle to include five (5) gallons of gas in tank.
6. Notify the Attorney General's office to remove vehicle/equipment from your agency's insurance.
7. Complete all information below regarding the vehicle information, options, additional features and any known defects.

Vehicle Information:

Vehicle Type: _____

Year: _____

Make: _____

Model: _____

VIN/Serial No.: _____

State I.D. No./License No.: _____

Engine: _____

Odometer: _____

Transmission: _____

Hours: _____

Fuel Type: _____

Drive Type: _____

Exterior Color: _____

Interior Color: _____

Vehicle Options:

- | | | |
|--|--|---|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Power Seat | <input type="checkbox"/> AM/FM Radio |
| <input type="checkbox"/> Power Steering | <input type="checkbox"/> Dual Power Seat | <input type="checkbox"/> Cassette |
| <input type="checkbox"/> Power Windows | <input type="checkbox"/> Driver Air Bag | <input type="checkbox"/> CD Player |
| <input type="checkbox"/> Power Door Locks | <input type="checkbox"/> Dual Front Air Bags | <input type="checkbox"/> Cruise Control |
| <input type="checkbox"/> Tilt Steering Wheel | <input type="checkbox"/> ABS Brakes | |

Additional Features:

Known Defects:

Turned In By: _____ **DATE:** _____

Agency Approving Authority: _____ **DATE:** _____

Received By: _____ **DATE:** _____

Title Received By: _____ **DATE:** _____

Title Received By: _____ **DATE:** _____

Office Use Only:

Warehouse Control No.:

Budget Account No.: