

**INSTRUCTIONS FOR PREPARING VEHICLE REQUEST JUSTIFICATION FORM (ADMV-109-1)**  
*(A separate Vehicle Request Form must be submitted for each TYPE of vehicle being requested)*

Request must be signed off by the department's Chief of Staff, Assistant Commissioner or Commissioner and sent to:  
Supervisor, Vehicle Administration  
Department of the Treasury  
Division of Administration  
50 W. State St.  
PO Box 211  
Trenton, NJ 08625

Signed requests can also be faxed to (609)292-7487.

**A) VEHICLE INFORMATION (For each vehicle requested.)**

- 1) Indicate if the assignment is to be an individual or pool assignment.
- 2) If an individual assignment will the official work station be the individuals' home or office.
- 3) What county /and or region of the state will the vehicle be used.
- 4) Indicate where the vehicle will be kept when not in use.
- 5) Provide monthly business and commutation mileage.
- 6) How many days a week will the vehicle be used?
- 7) What hours will the vehicle be used? i.e. 8 to 4, 4 to 12 etc.
- 8) Provide a percentage allocation of where the vehicle will be driven.
- 9) Indicate what type of vehicle procurement method is being requested.

*If you answer yes to any of the following questions an explanation is required in the justification section.*

- 10) If an individual assignment, is the driver considered essential personnel in the event of bad weather or official closure.
- 11) If the vehicle is to be used an emergency response vehicle please provide details on how the vehicle will be utilized.
- 12) If the vehicle is to be used to tow please provide specifics including what would be towed, approximate weight and frequency of towing needs.
- 13) If the vehicle is to be used to carry passengers please indicate if the passengers will be State employees or others. Also indicate how many passengers and the frequency of transportation.
- 14) If the vehicle will be used to carry supplies or cargo please provide a description of what will be transported and the frequency of the transportation.
- 15) If the vehicle is to be used out-of-state explain why and where and also the percentage of time the vehicle will be out of state.
- 16) If Line of Credit financing is requested, please provide an explanation why it is necessary.

**B) JUSTIFICATION (One detailed statement for each request is acceptable. If multiple vehicles, please address in one comprehensive justification statement.)**

Please provide a detailed explanation supporting this request. The justification must address why reimbursement for personal use is not considered as an option; if this is an addition to the fleet, explain how program needs are being met; if this is a replacement request, what will be the impact of not replacing the vehicle; and explain if the vehicle will be used differently than the replacement vehicle.

The justification must also include the steps you have taken to promote fuel efficiency. Specifically, explain what your department has done to reduce fuel consumption, downsize to more fuel efficient vehicles and promote the use of alternative fuel consumption in those vehicles that can accept an alternative fuel and are utilized in a region where the alternative fuel is available.

If the request is not for a compact, please explain why your department is unable to comply with C.L. 08-16 whereby compact sedans are required.

If a 4 wheel drive is being requested please provide details on why it is being requested including how often you expect the 4 wheel drive capability will be utilized.

Provide any other information deemed critical to support this request.

**C) The ADMV-109, the UA document and OMB approval must also be included with the submission.**

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF ADMINISTRATION - TRANSPORTATION SERVICES  
VEHICLE REQUEST JUSTIFICATION FORM  
FOR ANY VEHICLE UNDER GVW 16,000 POUNDS**

ADM # _____
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**TO:** Supervisor, Vehicle Administration:  
Department of the Treasury, Division of Administration

**FROM:** \_\_\_\_\_  
(Department)

\_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Signature)

<b>A. VEHICLE INFORMATION (must be provided for each vehicle requested – see instructions)</b>	
1. Is this an individual or pool assignment?	INDIVIDUAL <input type="checkbox"/> POOL <input type="checkbox"/>
2. If an individual assignment, will the individuals officials work station be home or office?	HOME <input type="checkbox"/> OFFICE <input type="checkbox"/>
3. What county or region will the vehicle be used?	_____
4. Where will the vehicle be parked when not in service?	_____
5. Estimated monthly mileage:	# of Business Miles _____ # of Commuting Miles _____
6. How many days a week will the vehicle be used?:	_____
7. What hours will the vehicle be used?:	_____
8. Allocate usage by percent, as follows:	
Highway _____	Off road _____
Inner City/urban _____	Institution grounds (paved roads) _____
Rural roadways _____	State Parks (paved roads) _____
Other (explain) _____	
9. Type of Acquisition:	
Purchase <input type="checkbox"/>	
Bid <input type="checkbox"/>	
Waiver <input type="checkbox"/>	
Lease <input type="checkbox"/>	

<i><b>If you answer yes to any of the following questions please provide details in the justification section</b></i>		
10. Is the employee considered essential personnel in the event of official closure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Will the vehicle be used as an emergency response vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Will the vehicle be required to tow?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Will the vehicle be used to carry passengers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Will the vehicle be used to carry supplies or cargo?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Will the vehicle be used out-of-state?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Will line of credit funding be requested?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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*(Include Additional Pages if Necessary)*

**B. JUSTIFICATION FOR REQUEST:**