

# VEHICLE MODIFICATION/ACCESSORY EQUIPMENT REQUEST

This request is in accordance with the Code of Federal Regulations set forth at 41 CFR §101-39.304 - Modification or Installation of Accessory Equipment

## AGENCY CONTACT INFORMATION

REQUESTING AGENCY:	DATE:
AGENCY CONTACT:	TELEPHONE NUMBER:
E-MAIL ADDRESS:	BILLING OFFICE ADDRESS CODE (BOAC)/SERIAL NUMBER:

## VEHICLE INFORMATION

TAG NUMBER:	YEAR:	MAKE:	MODEL:	MILEAGE:
<input type="checkbox"/> FOR MULTIPLE VEHICLES, ATTACH A LIST OF APPLICABLE VEHICLES <input type="checkbox"/> NATIONWIDE BLANKET REQUEST FOR ALL VEHICLES ASSIGNED				

## DESCRIPTION/JUSTIFICATION OF REQUEST

Requests applying to multiple vehicles must have all of the same requirements. Submit separate forms (and vehicle lists, if applicable) for different requirements.

PAYMENT METHOD:	<input type="checkbox"/> AGENCY FUNDED	<input type="checkbox"/> GSA FUNDED (Capitalization required if greater than \$1,000)
<input type="checkbox"/> ESTIMATE ATTACHED	ESTIMATED COST OF MODIFICATION/ACCESSORY EQUIPMENT, INCLUDING INSTALLATION:	
IF REQUEST IS FOR A LIFT GATE OR TOW HITCH, PLEASE INCLUDE LIFT/TOW WEIGHT:		

## AGENCY CONTACT APPROVAL

I agree that this modification/accessory equipment is essential to meet my agency mission needs and approve agency funding for this request including: acquisition, installation, maintenance, removal, and any cost to restore the vehicle to its original configuration prior to turn in. I further agree that if the modification/accessory equipment is left in place at time of turn in, my agency will NOT be reimbursed by GSA for the item(s).

I understand that GSA funded modification/accessory equipment requests costing over \$1,000 (excluding wearable items) will be capitalized into the value of the vehicle and a monthly option rate will be assessed accordingly. I further understand that the equipment is GSA property, and will remain on the vehicle at time of turn in.

I understand that this request to modify a GSA Fleet vehicle or to permanently install accessory equipment (as defined in 41 CFR §101-39.304) must be submitted to the GSA Fleet Zonal Fleet Manager for review and approval.

I understand that the approval of this request is not an endorsement or guarantee that the addition of such equipment or modification of the vehicle as requested will not affect its safety or operational characteristics. GSA Fleet requires that any modifications and alterations to its motor vehicles be performed following the Original Equipment Manufacturer (OEM) recommendation(s) for the installation of aftermarket equipment, and that our agency is responsible for exercising good judgment and sound discretion in selecting a supplier to perform the installation or modification. I expressly acknowledge that our agency shall have no right of, and hereby waives any claim for, subrogation or reimbursement against GSA for a claim filed under the Federal Employees' Compensation Act or the Federal Tort Claims Act for injuries or death that may occur as a result of the installation of aftermarket equipment or vehicle modifications.

I understand that this modification/installation of accessory equipment does not automatically exempt the vehicle from rotation with other vehicles due to under or overutilization. On high cost modifications/accessory equipment installations, agencies may request and GSA Fleet may grant an extension of the vehicle's replacement cycle assuming vehicle operating costs do not escalate.

I understand that approval of this modification/accessory equipment request is NOT authorization for the vendor to perform the work. The vendor MUST receive authorization from the GSA Maintenance Control Center (MCC) prior to starting any work. Modification/accessory equipment estimated to cost over \$2,500 must be accompanied by three estimates.

AGENCY REPRESENTATIVE:	TITLE:
SIGNATURE:	DATE:

## TO BE COMPLETED BY GSA

NAME OF FLEET MANAGER:	TITLE:
SIGNATURE:	DATE:
NAME OF ZONAL FLEET MANAGER OR DESIGNEE:	TITLE:
SIGNATURE:	DATE: