Alaska Department of Transportation & Public Facilities
State Equipment Fleet
Vehicle Upgrade Authorization

Current Vehicle Being Replaced:

Vehicle Number	Year	Make	Model	Mileage

New Vehicle Being Requested:

Class Above Standard	Replacement Cost	Additional Up-fit Amount	Anticipated Life

Justification for Upgrade: _____

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_____ _____

Completed By Signature Date

SEF Use Only:

Cost of Standard	Cost of Upgrade	New Replacement Rate	New Operating Rate	Old Replacement Rate	Old Operating Rate

_____

SEF Fleet Manager Date

_____ _____

Printed: Commissioner or Designee Signature Date