

Multimodal Transportation Resources Division

5310 Program: Vehicle Capital Asset Information Sheet

Agency Name: _____ Date Sheet Completed: _____

Agency Address: _____

Agency Telephone Number: _____ Contact Person: _____

Agency Email Contact Address (if available): _____

VIN Number: _____ VIN Verified on Vehicle: Yes or No

Year: _____ Make: _____ Type of Vehicle: _____

ADA Vehicle: Yes or No License Plate: _____

Usage of Vehicle: _____ Condition of Vehicle: _____

Location of Vehicle: _____ Vehicle is: Replacement of Vehicle or Expansion of Service

Delivery Date: _____ Beginning Date of Active Service: _____

Agency Assigned Number: _____ Odometer Reading: _____

Depreciation Method: _____ Number of Years for Useful Life: _____

Complete One: Monthly Depreciation Amount: _____ or Yearly Depreciation Amount: _____

Required information as listed in the 5310 Application submitted to TDOT

If this vehicle is a Replacement, list VIN Agency is disposing of: _____

(Agency will have 90 days after delivery of the Replacement vehicle to begin the disposal process for vehicle listed above.)

Budget Details 1: Completed from information provided by Program Manager for 5310 Program.

Federal TEAM Number: _____ F & A Contract Number: _____

Project Number: _____ Total Purchase Price: _____

Federal Share %: _____ Amount Paid: _____

State Share %: _____ Amount Paid: _____

Local Share %: _____ Amount Paid: _____

Note: Both the Percentage and Money Amount must be listed.

Please Attach the Following:

1) Original Tennessee Certificate of Title, 2) Copy of the Tennessee Registration, 3) Proof of Insurance

Mail to:

ATTN: Asset Coordinator, Multimodal Transportation Resource Division
James K Polk Bldg., 505 Deaderick St, Suite 1800, Nashville, TN 37243

TDOT DMTR Staff will supply:

1) Invoice, 2) Post-Delivery Purchaser's Certification, 3) TDOT Vehicle Acceptance Form, 4) TDOT Vehicle Delivery Release, 5) Agency Vehicle Acceptance

Revised Date: September 2017