CITY OF KINGSPORT
VEHICLE AND EQUIPMENT REPLACEMENT FORM

1. Current Asset Information (Equipment to be replaced)

Department/Division:		Requested By:	
Equipment Description:		Requested Date:	
Purchase Date:		Original Cost:	
Year:		Make / Model:	
VIN / Serial Number:		Asset Number:	
Current Mileage/Hours:		Useful Life (Years):	
Current Age (Years):		Current Estimated Value:	

Reason for Replacement (select all that apply)

- ☐ Asset has reached/exceeded its scheduled useful life.
- ☐ Repair costs exceed the economic life of the asset.
- ☐ Parts or service support are limited or unavailable.
- ☐ Asset no longer meets safety or operational standards.
- ☐ Operational requirements have changed.
- ☐ Major overhaul needed. Replacement recommended.
- ☐ Replacement recommended based on total lifecycle cost.
- ☐ Other:

2. Replacement Request Vehicle / Equipment

Estimated Purchase Date		Replacement Description	
Make / Model:		Useful Life (Years)	
Replacement Cost:			

3. Annualized Inflation

Original Purchase Date	01/00/00	Replacement Purchase Date	01/00/00
Original Purchase Amount	$ -	Replacement Purchase Amour	$ -
Cost Increase Percentage	#DIV/0!	Annualized Inflation	#DIV/0!

4. Lifecycle Analysis

Current Asset

Original Cost / Antipated Replacement Reserve	$ -
Estimated Resale/Salvage/Disposal Value	$ -
Total Available Fleet Replacement Reserve	$ -

Replacement Asset Asset

Replacement Cost	$ -
Estimated Funding Excess / (Shortfall)	$ -
Funding Shortfall (Reserve, Fund Transfer, Increase Annual Fee)	

5. Replacement Annual Fee

Replacement Cost		$ -
Estimte Useful Life (years)	0	
Annual Inflation Factor	3.00%	$ -
Funding Shortfall If "Increase Annual Fee Selected"		$ -
Total Estimated Replacement Cost		$ -
Annual Fee to Charge (Depreciation Recapture)		#DIV/0!

6. Fleet Evaluation

Evaluation Factor	Assessment / Comments
Overall Mechanical Condition	
Reliability / Breakdown Frequency	
Annual Maintenance and Repair Costs	
Major Repairs Anticipated	
Parts Availability	
Safety Concerns	
Operational Suitability	
Estimated Remaining Service Life	

Fleet Manager Recommendation (select one)

- ☐ Approve replacement
- ☐ Approve replacement with modified specifications
- ☐ Defer replacement
- ☐ Complete major component overhaul
- ☐ Conduct additional lifecycle analysis

Fleet Manager Comments _____

Fleet Manager _____ Date _____

7. Department Certification

I certify that the requested replacement is necessary to support departmental operations and that the existing vehicle or equipment is no longer the most economical, reliable, or operationally appropriate asset to retain.

Department Director _____ Date _____

8. Finance/Budget Review

Finance or Budget has reviewed the replacement request and evaluated the availability of funding within the Fleet Replacement Reserve and/or other identified funding sources.

Funding Determination (select one)

- ☐ Fully Funded Through Fleet Replacement Reserve
- ☐ Partial Fleet Replacement Reserve & Department Funding
- ☐ Partial Fleet Replacement Reserve & Increased Fee
- ☐ Departmental Funding Only Required
- ☐ Replacement should be deferred or phased
- ☐ Additional funding analysis required

Finance Comments _____

CFO or Budget Director _____ Date _____