

DIVISION OF CAPITAL ASSET MANAGEMENT AND MAINTENANCE

One Capitol Hill, Providence, Rhode Island 02908-5855

Tel: (401) 222 - 6200

www.dcamm.ri.gov

NON-ZEV(Zero Emissions Vehicle) /NON-PHEV(Plug-In Hybrid Electric Vehicle) WAIVER REQUEST ****PLEASE TYPE IN HIGHLIGHTED FIELDS

DEPARTMENT NAME/DIVISION: NAME OF PERSON SUBMITTING REQUEST:					
DEPARTMENT DIRECTOR/DEPARTMENT HEAD (required):					
DEI AI	PRINTED NAME:				
	SIGNATURE:			DATE:	
(1)	Description of vehicle being requested:				
	Quantity: Fuel type*: *If fuel type is <u>unleaded</u> , is vehicle FFV/Ethanol capable? (must contact vendor to confirm)				
(2)	Reason for waiver request ("a" <u>OR</u> "b" below): <u>(PLEASE CHECK ONLY ONE)</u>				
	a.	ZEV/PHEV UNA	AVAILABLE IN VEHI	CLE CLASS	CONFIRMED/STAMPED BY SFO
	b.	NOT PRACTICA	L FOR INTENDED (JSE (please explain b	elow)
	Form must be completed, signed and returned to: THE OFFICE OF STATE FLEET OPERATIONS				

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DIVISION DIRECTOR, CAPITAL ASSET MANAGEMENT AND MAINTENANCE					
DATE					