**The Commonwealth of Massachusetts**

**Operational Services Division**

**Office of Vehicle Management**

**MINIMUM MILEAGE WAIVER REQUEST**

**OVM Vehicle Minimum 1,250 Monthly Mileage Requirement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency:** |       | **Org Code:** |       |
| **Address:** |  |
| **Agency Fleet Manager:****Name & Title** |       | **Phone & Email:** |       |

**Vehicle**

|  |  |  |  |
| --- | --- | --- | --- |
| **State Vehicle License Plate No.:** |       | **Current Mileage:** |       |
| **VIN:** |       | **Year/Make/Model**: |       |
| **List any modifications that have been made to the vehicle:** |       |
| **Expected Monthly Mileage:** |  |

**Justification for Waiver**

|  |
| --- |
|  *If typing in Word, this text box will expand (please attach additional documentation if necessary).*      |

**Signature**

**Agency Fleet Manager: Date:**

|  |
| --- |
| **FOR OVM USE ONLY Date Received:**  |
|  [ ]  Approved [ ]  Denied Comments: Director of Fleet Policy & Administration: Date:       Assistant Secretary for Operational Services: Date:        |

**OVM-MINIMUM MILEAGE WAIVER – Revised 05/16**

**From OVM Policies & Procedures Manual:**

**Waivers**

1. The ***Deputy State Purchasing Agent*** (hereafter “Deputy”) or his/her designee may waive strict compliance with these Policies and Procedures when requested in writing, when he/she determines that:
2. the non-compliance is minor or in the best interest of the Commonwealth, and;
3. does not significantly diminish the intent and purpose of these Policies and Procedures.
4. A request for waiver must state the circumstances and reasons for its issuance and be signed by the Deputy or his/her designee.

**Lease and Assignment**

1. OVM will lease vehicles to Departments that can demonstrate the following to the satisfaction of the OVM Fleet Administrator:
2. a clear need for the full-time use of a vehicle
3. **the estimated annual usage in excess of 15,000 miles per year excluding Domicile and Overnight Travel and**
4. that the Department has sufficient funds to cover the cost of leasing the vehicle and
5. if requesting a vehicle other than an automobile such as an; SUV, van, truck, mid-size sedans or wagons, the requesting agency must demonstrate a clear need for this type of vehicle (see example in 2b).

**and**

1. Requests for waiver of the minimum average utilization rate must be completed on an **OVM-W** form and must be reviewed and signed by the Department Head prior to submission. Requests will be reviewed on a Departmental basis and must be approved by OVM. OVM may grant the request when it determines that loss of a vehicle not meeting this requirement will create a hardship to the Department or to persons under the care or custody of the Department. (OVM-W Form attached).

**Instructions:**

**Complete all sections of Request for Minimum Mileage Waiver. Failure to complete the form will result in denial of request. Waivers will be granted on a case by case basis. No blanket waivers will be issued. Granted waivers will be in effect for one year.**

**OVM Vehicle Minimum 1,250 Monthly Mileage Requirement for Calendar Year \_\_\_:** Provide the Calendar Year for which Waiver of Minimum 1,250 Monthly Mileage Requirement is being requested.

## Agency - Provide the complete name of the Agency requesting waiver.

**Org Code** - Provide the Org Code for the Agency requesting waiver.

**Address** – Provide complete address of the Agency’s billing office, including city and zip code.

**Agency Fleet Manager (Name & Title)** – Provide the first and last name, and title of the Employee designated as Agency Fleet Manager.

**Telephone and Email** – Provide phone number (including area code) and email address of Agency Fleet Manager.

**Vehicle**

**State Vehicle License Plate No.:** Provide the Registry of Motor Vehicles license plate number assigned to the vehicle or indicate Confidential Registration.

**Year:** Provide the model year of the vehicle

**VIN:** Provide Vehicle Identification Number of vehicle

**Make:** Provide the Manufacturer of the vehicle, e.g., Ford

**Model:** Provide the vehicle’s model name, e.g., Taurus

**Current Mileage:** Provide the current odometer reading for the vehicle for which minimum monthly mileage requirement waiver is being requested.

**List any modifications that have been made to the vehicle:** Provide a list of nonstandard equipment that has been added to the vehicle such as wheel chair lift, special lighting, etc.

**Justification for Waiver:**  Provide a detailed validation for a waiver to the minimum 1,250 monthly mileage requirement for the calendar year.

**Provide Signature and date for the Agency Fleet Administrator**

Return completed form to the Office of Vehicle Management via email to alex.giannantonio@massmail.state.ma.us. OVM will accept the signed form in Word or via Adobe pdf format.