



University of  
Massachusetts  
Amherst

# Vehicle Acquisition Form

Request for M number assignment  
Request for Motor Vehicle Registration  
Request for Fuel Card issue

M# Assigned

Department \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Vehicle Purchased from: \_\_\_\_\_ PO Number \_\_\_\_\_  
(include phone number)

Purchase Price \_\_\_\_\_

Speedtype for REPAIRS \_\_\_\_\_ Speedtype for FUEL \_\_\_\_\_  
Grant Funded? Y / N Exp. Date / / Grant Funded? Y / N Exp. Date / /

Date of Purchase \_\_\_\_\_ Miles at Purchase \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_  
2010 Chevrolet F350/Sedan

VIN \_\_\_\_\_

Vehicle Model Number \_\_\_\_\_ Vehicle COLOR \_\_\_\_\_  
W310 White

Vehicle Type \_\_\_\_\_ GVWR \_\_\_\_\_  
Pickup/Box Truck

Vehicle Engine Size and Make \_\_\_\_\_ Number of Cylinders \_\_\_\_\_  
5.4L EFI V-8 4,6,8

Type of Fuel \_\_\_\_\_ Alternative Fuel? \_\_\_\_\_ Hybrid? \_\_\_\_\_  
Unleaded/diesel Flex Fuel/E85

Plate Number \_\_\_\_\_ Registration Date \_\_\_\_\_

Vehicle Received by \_\_\_\_\_ Vehicle Inspected  
and Accepted by \_\_\_\_\_

Received Date \_\_\_\_\_ Vehicle Accepted Date \_\_\_\_\_

Fleet Services Office  
Physical Plant Building  
413.545.0606  
413.577.1600 fax

Transportation Services  
UMass Bus Garage  
413.545.4682  
413.545.1930 fax  
[transport@admin.umass.edu](mailto:transport@admin.umass.edu)

Property Office  
405 Goodell Building  
413.545.0700  
413.545.4233 fax