admin
SOUTH CAROLINA
DEPARTMENT of ADMINISTRATION

Request to Purchase, Dispose or Retain State-Owned Vehicles

SASS-007A
(Rev. 05/2025)

Formerly Form 6-77

Date:

From: Agency Name: _____ Agency #: _____

Division Name: _____ Division #: _____

Address: _____

City, State, Zip: _____

Agency Contact: _____ Phone: _____

To: State Fleet Management
1205 Pendleton Street, Suite 113
Columbia, SC 29201
FAX: 803-737-1160
statefleet@admin.sc.gov

SECTION I Request to Purchase

Fleet Addition: ☐ Yes ☐ No **(If Yes, provide justification below or attach letterhead. If No, complete Section II)**

☐ New ☐ Used ☐ Bid Out Bids must be approved by SFM prior to initiating Request For Proposal

QTY: Provide USED VIN & Odometer if known: VIN/Serial Number: Odometer:

Make: Model: Body Style: Year:

Annual Estimated Mileage Utilization: (i.e. Sedan, Van, Truck, Trailer…)

Funds source: **State**: $ **Federal**: $ **Other**: $ Define Other:

PO Purchase Amount: $ Purchase Order Number: (i.e. USDA Vehicle, Loan, Gift)

Vendor Contract #:

Vendor Name:

Vendor Address:

Vendor City, State, Zip:

Check if you will request the following:

☐ **SASS-007B Form:** Exemption from State Motor Vehicle Identification Requirements (i.e. State Seal, Confidential tag).

☐ **SASS-007C Form:** Permanently assign vehicle to a driver.

A. Fleet Additions require justification in accordance with § 1-11-310 and Fleet Management Policy Section II. B. Agency director must certify that no vehicle is available to reassign to fill this need. (Attach additional sheet, if necessary).

B. ***The State standard fleet sedan or SUV is a compact model.*** Requests for special fleet sedans or SUV's (Intermediate model) must be justified in writing. (Attach additional sheet, if necessary).

SECTION II Request for Disposal/Retention (Attach separate sheet for multiple

☐ Disposal ☐ Retention** VIN/Serial Number:

Tag Number: Odometer: Estimated Value: $

Make: Model: Body Style: Year:

** Old vehicle must be disposed of within 90 days of delivery or placement in service of replacement vehicle, unless one-year retention is approved by SFM. Submit on separate page detailed justification why your agency needs to retain this vehicle.

SECTION III Agency Head Approval

Signature of Agency Director/Institution Head or designee: * Designee must be on file with SFM as Approved Authority

Print Agency or Institution Head Name

Signature of Agency or Institution Head

SECTION IV Action By State Fleet Management (To Be Completed By State Fleet

☐ Approved ☐ Disapproved

Date

State Fleet Manager Signature

Data Classification: Internal Use