



State of Montana  
**DEPARTMENT OF CORRECTIONS**  
**DEPARTMENT-OWNED VEHICLE REPAIR FORM**

*This form must be completed and approved prior to **non-emergency** repairs and maintenance of Department-owned vehicles per [DOC 1.2.18 Fleet Vehicle Operation & Management](#).*

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**Requesting Facility or P&P Office:** \_\_\_\_\_

**Employee/Responsible party assigned to vehicle:** \_\_\_\_\_

**Applicable Criteria (choose one):**

1. Estimated cost greater than \$300; not performed by MVM  (submit to Fleet Management Unit (FMU) for approval)
2. Estimated cost greater than \$1,000; performed by MVM  (submit to MSP/MCE fleet staff for approval)
3. Estimated cost greater than \$1,000; performed by MVM on non-MSP/MCE vehicle  (submit to FMU for approval)

**VEHICLE INFORMATION:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Odometer reading: \_\_\_\_\_

Current repairs requested (Please list in detail with estimated cost of each repair. If written repair estimate available, please attach.):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please explain how conducting these repairs will benefit your facility/office and the Department:  
\_\_\_\_\_

Please list other major (i.e. > \$300.00) repairs completed in the last 12 months:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_

Assigned Driver/Responsible Party/ Supervisor Signature: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

FMU, MSP, or MCE fleet staff signature: \_\_\_\_\_

FMU/MSP/or MCE Approval       FMU/MSP/ or MCE Disapproval

If applicable, reasons for disapproval of repair request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FOR FMU/MSP/MCE USE ONLY

Approximate current value of vehicle: \_\_\_\_\_

Life expectancy of vehicle if repaired: \_\_\_\_\_

Life expectancy of vehicle if not repaired: \_\_\_\_\_