**Exhibit D: INSTRUCTIONS**

* Answer questions
* Brief answers only (if necessary, add attachment and state: “See attachment”)
* Remove/ & Replace Sample/Example answers for questions 4 e, f, and g if needed
* Question 4e: State “One to One trade”
* Insert Agency info in highlighted areas
* Remove highlight before printing/sending/signing, etc.
* Sign
* **DO NOT DATE**

Scan document to PROCRD along with:

* Vehicle Request Packet
* Certificate of Incumbency form

Overnight Original to PROCRD.

The following will be completed by PROCRD:

* OFSS Application
* OFSS Memo (request for funding)
* Date on Exhibit D form

If requesting a Fleet Increase, please contact PROCRD prior to completing document.

If you have ANY question, call PROCRD prior to completing document. Any modification required by OFSS will require paperwork to be re-done.

## Exhibit D – Certificate of Equipment Use

Using Agency Certifications: [Using Agency ]

1. All representations herein are made by the [Using Agency ] and nothing herein shall diminish any rights or benefits of the [Using Agency ] or the State.

2. The Equipment requested is movable.

3. No more than five percent (5%) of the use of the Equipment in any given month shall be, directly or indirectly conducted in any activity carried on by a person other than a governmental unit, unless such use is by a member of the general public. The [Using Agency ] will not use or permit the use of the Equipment in such a manner or to such extent as would result in the loss of exemption from federal income tax of the interest portion of the Payment.

4. The [Using Agency ] represents that the Equipment requested is essential to its proper, efficient and economic operations. To that end, the [Using Agency ] provides the following responses concerning the property’s intended use:

a. What will be the Equipment’s application?

b. Why is the Equipment essential to the [Using Agency ] operations?

c. What increased capabilities will the Equipment provide?

d. What is the estimated useful life of the Equipment to the [Using Agency ] operations?

e. What, if any, existing equipment will be replaced by the Equipment selected?

What is the age of the existing equipment?

f. Why, if at all, is the existing equipment being replaced?

g. If the equipment is not replaced, why is the additional Equipment needed?

h. Contact name and phone number of the agency using the Equipment if additional information is required.

5. The Commissioner of Internal Revenue has not published notice that the [Using Agency ] is disqualified and may not certify its obligations under Treasury regulations Section 1.103-13(a)(2), nor has the [Using Agency ] been notified that such action is contemplated.

To the best knowledge and belief of the undersigned, no other facts, estimates or circumstances exist which would materially change the expectations of the [Using Agency ] as set further herein, furthermore, said expectations are reasonable. The undersigned is duly authorized to bind the [Using Agency ] in executing this Certificate.

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

[Using Agency]

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Wet Signature]

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_