GOVERNMENT OF WESTERN AUSTRALIA | DFES Department of Fire & Emergency Services | FOR A SAFER STATE

DFES use: CM

Local Government Grant Scheme
Vehicle Type Change Request Justification Form

Local Government (LG) prescribed fleet assets are scheduled for replacement on a 'like for like' basis. Where revised capability requirements are identified, completion of this form is **mandatory** to request a change to the indicated vehicle type, to ***accompany and support the Risk to Resource (R2R) and Business Case*** submission process.

The intent of this form is to provide appropriate assessment and governance of requests ensuring they are supported by demonstration operational requirements, capability needs and strategic asset planning considerations.

Please ensure you are familiar with the DFES operational fleet specifications which can be found here https://dfes.wa.gov.au/about-us/operational-fleet

All fields are mandatory - the form will be returned if not completed in full.

1. LOCAL GOVERNMENT AND REQUEST INFORMATION

Local Government	Select Local Government		
Contact Name	Phone	Email	
BGU Name			
Existing Vehicle Type	Select from List	Registration	
Proposed Replacement Type	Select from List		
If "Other", please specify			

Who owns the facility in which the proposed vehicle will be housed

LG	DFES	Other (please specify)
○	○	○

Please provide accurate dimensions of the current facility intended to house the proposed vehicle, and its access door

	Width (mm)	Height (mm)	Length (mm)
Facility			
Door			N/A

Number of active, registered members	Number of incidents attended in the past 5 years

OPTIONAL - Please provide any additional specific justification or evidence in support of the request beyond that already provided in the R2R and Business Case submission *(Attach appendix if required)*

Brigade / Unit consultation required.

NAME **SIGNATURE**

BRIGADE / UNIT POSITION HELD

NAME **SIGNATURE**

CHIEF EXECUTIVE OFFICER

Please forward this form to the DFES District Officer or CESM for your DFES Region

2. DFES DISTRICT OFFICER OR CESM TO PROGRESS – SAVE TO CM: 2026/1686

Please provide operational comment. Comments are limited to the visible space: *(Attach appendix if required)*

NAME **SIGNATURE**

DISTRICT OFFICER

Comments are limited to the visible space: *(Attach appendix if required)*

NAME **SIGNATURE**

SUPERINTENDENT Select from List

2. DFES DISTRICT OFFICER OR CESM TO PROGRESS – SAVE TO CM: 2026/1686

Comments are limited to the visible space: (*Attach appendix if required)*

NAME **SIGNATURE**

MANAGER RISK AND CAPABILITY

Once completed in full, District Officer or CESM to forward to lggs@dfes.wa.gov.au

3. ASSET PLANNING AND SERVICES TO PROGRESS

Indicative Capital Cost and Replacement Timing

Description	Existing Vehicle	Proposed Vehicle
Vehicle Type		
Planned Build Year		
Indicative Cost ($)		
Cost Difference ($)		
Capital Program Impact		

APS Comment: *(If required)*

NAME **POSITION**

Once completed in full, APS to forward to DFES Region Chief Superintendent

4. ENDORSEMENT AND APPROVAL

Comment:

ENDORSED ○

NOT ENDORSED ○

NAME **SIGNATURE**

CHIEF SUPERINTENDENT Select from List

5. ASSET PLANNING AND SERVICES RECOMMENDATION

Recommendation: (Attach as an appendix if required)

NAME **SIGNATURE**

MANAGER ASSET SERVICES

Once completed in full, APS to progress for endorsement

6. ENDORSEMENT AND APPROVAL

Comment: (If required)

ENDORSED ○

NOT ENDORSED ○

NAME

SIGNATURE

ASSISTANT DIRECTOR ASSET PLANNING AND SERVICES

Comment: (If required)

APPROVED ○

NOT APPROVED ○

NAME

SIGNATURE

ASSISTANT COMMISSIONER ASSET MANAGEMENT

Please return signed form to lggs@dfes.wa.gov.au