

STATE OF ALABAMA
 ALABAMA DEPARTMENT OF TRANSPORTATION
 PURCHASE REQUEST – HIGH ROOF TRANSIT VAN
 CONTRACT NUMBER: **MA230000003839**

LOCAL TRANSPORTATION REFERENCE: **HIGH ROOF TRANSIT VAN (Section 5311 only)**

Revised 10-3-2024

Dealer/Mfr.: Mr. Eric Weimer Model 1 Commercial Vehicles, Inc. Address: 4741 I-55 South Jackson, MS 39212 Phone: 601-622-4044 EWeimer@modell.com	Type of Vehicle: 2024 Ford/MobilityTrans <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">High Roof Transit Van (No HAP)—Gas</td> <td style="text-align: right; padding: 2px;">\$96,692</td> </tr> <tr> <td style="padding: 2px;">High Roof Transit Van (HAP 1)-- Gas</td> <td style="text-align: right; padding: 2px;">\$104,784</td> </tr> <tr> <td style="padding: 2px;">High Roof Transit Van (HAP 2)-- Gas</td> <td style="text-align: right; padding: 2px;">\$104,879</td> </tr> </table>	High Roof Transit Van (No HAP)—Gas	\$96,692	High Roof Transit Van (HAP 1)-- Gas	\$104,784	High Roof Transit Van (HAP 2)-- Gas	\$104,879
High Roof Transit Van (No HAP)—Gas	\$96,692						
High Roof Transit Van (HAP 1)-- Gas	\$104,784						
High Roof Transit Van (HAP 2)-- Gas	\$104,879						
Customer Information (for Titling) Legal Customer Name:	<p style="text-align: center;"><u>Important</u></p> <ul style="list-style-type: none"> All orders must be <u>rounded up</u> to the nearest dollar per vehicle. One order form per vehicle is required. 						
Enter Amounts for Vehicle Selected: Total Vehicle Cost: \$ _____ Federal Portion: \$ _____ Local Match Portion: \$ _____	Lienholder Information: Alabama Department of Transportation Local Transportation Bureau 1409 Coliseum Boulevard Montgomery, Alabama 36110 Contact: Robert Echols Phone: (334) 242-6780						
Street Address: City, State, Zip Code: Contact: Telephone: Fax: Email:	Street Address: City, State, Zip Code: Contact: Telephone: Fax: Email:						

*NOTE: If System/Agency is NOT under contract with the Alabama Department of Transportation, then local System/Agency must make direct arrangements with Dealer/Mfg. for payment and delivery of vehicles.

Required - Choose one (check):

Side Load / Side Sliding Door (Shift-n-Step): _____

Rear Load / Side Bus Doors: _____

Required - Choose one (check):

No Wheelchair Stations: _____

One Wheelchair Station: _____

Two Wheelchair Stations: _____

Braun Lift/Q-Straint Securement

5311 Graphics Package

Vehicle Lettering (“Public Transportation”)
Lettering located per graphics package
plus agency name/telephone number on both sides.
***Must be ordered by all 5311 projects.**

Agency Name: _____

Agency Phone #: _____

Camera System is Angel Trax

Note: Mail Matching Funds to the following:

Alabama Department of Transportation
Attn: Local Transportation Bureau
1409 Coliseum Boulevard
Montgomery, AL 36110

Acknowledgement of Vehicle Order:

To: The Ordering Agency

Once the Authorized Representative of the agency signs the certification below, the attached ordering form must not be altered or changed without a written request by an authorized official of your agency.

I CERTIFY THAT I HAVE READ, UNDERSTAND, AND COMPLETED THE INFORMATION INCLUDED ON THE ATTACHED VEHICLE ORDERING FORM. I HAVE REVIEWED AND SELECTED THE OPTION AND AGREE WITH THE PRICES OF THE SELECTIONS I HAVE MADE.

Agency Name: _____

Signed By: _____
(Signature of Authorized Representative)

Date: _____