**CT Department of Transportation**

**Office of Transit and Rideshare**

**Traditional Section 5310 Vehicle Disposition Request**

| DATE: |
| --- |

**ORGANIZATION Information**

| Full Legal Subrecipient/Organization Name: | | |
| --- | --- | --- |
| City/Town: | State: | Zip code: |

**VEHICLE Information**

| Vehicle Identification Number (VIN): |
| --- |
| |  |  |  | | --- | --- | --- | | Registration Number: | Date of Delivery: | Actual Mileage: | | Condition: | | | |

**VEHICLE Plans: How do you wish to dispose this vehicle?**

**Sell it.**

**Donate it to another eligible organization.**

**Other. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attach a minimum of two independent appraisals on appraiser’s letterheads. Compute the average (arithmetic mean) of the appraisals by adding up the appraisals and dividing by the number of appraisals. This is the FAIR MARKET VALUE. Enter the amount here.**

***I, undersigned, attest to the accuracy of the vehicle appraisal(s) and acknowledge that any sale proceeds in excess of $5,000.00, less the percentage of our local share, will be sent to the CTDOT in order to return to FTA.***

**Name and Title of the Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**--------------------------------------------------------------------------------------------------------------------------------------**

***To be completed by CTDOT Official:***

**The Connecticut Department of Transportation has Approved**       **Disapproved**       **disposition of the vehicle.**

**Name and Title of the Authorized CTDOT Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**