



New York University

A private university in the public service

Administrative Services
Asset Management
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Tel: (212) 998-1040
Fax: (212) 995-4248
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ASSET MANAGEMENT VEHICLE AUTHORIZATION TO SELL FORM

- Before this vehicle can be sold, this form must be submitted to the Asset Management office indicating departmental approval below.
- Vehicle must be in a suitable location to be photographed by Asset Management.
- All decals, University logos, light bars and two-way radios will be removed before the vehicle is sold.
- If you have any questions, please contact Asset Management at 212-998-1040 or via email at Asset.management@nyu.edu.

Make	Model	Year of Vehicle
VIN#	Plate #	Mileage
Exterior Color	Interior Color	Number of Cylinders
Automatic or Manual Transmission?	Number of Doors	
Does vehicle start?	Can vehicle be driven?	

Does this vehicle have University labels, logos, decals or any such items that will need to be removed?
Will these items be removed prior to or after the sale?
Does this vehicle have lightbars?
Will the lightbars be removed prior to or after the sale?

Check all that apply:		
<input type="checkbox"/>	anti-lock brakes	<input type="checkbox"/>
<input type="checkbox"/>	cruise control	<input type="checkbox"/>
<input type="checkbox"/>	power steering	<input type="checkbox"/>
<input type="checkbox"/>	power locks	<input type="checkbox"/>
<input type="checkbox"/>	power windows	<input type="checkbox"/>
<input type="checkbox"/>	power seats	<input type="checkbox"/>
<input type="checkbox"/>	power mirrors	<input type="checkbox"/>
<input type="checkbox"/>	second row bucket seats	<input type="checkbox"/>
<input type="checkbox"/>	am/fm radio	<input type="checkbox"/>
<input type="checkbox"/>	cassette	<input type="checkbox"/>
<input type="checkbox"/>	cd player	<input type="checkbox"/>
<input type="checkbox"/>	driver airbag	<input type="checkbox"/>
<input type="checkbox"/>	passenger airbag	<input type="checkbox"/>
<input type="checkbox"/>	air conditioning	<input type="checkbox"/>

In your opinion, what is the condition of the vehicle? Excellent _____ Good _____ Fair _____ Poor _____

Any other comments? _____

DEPARTMENT APPROVAL

Printed Name: _____	Signature: _____
Department Name: _____	Phone #: _____
Department Location: _____	Email Address: _____ Date: _____