

Dedicated Vehicle Survey

Please complete this survey and return to (staff member), any queries please contact (name) on extension (phone number).

Driver Name:

Department:

Vehicle Make:

Vehicle Model:

Vehicle Rego:

Trans: Auto / Manual

Please help **Fleet Management** assess your vehicle needs by completing this survey, the more information the more informative assessment can be made for your requirements.

How many occupants in the car most of the time (please circle)?

Driver only
passengers

Driver and 1 passenger

Driver and 2-3

Percentage of Driving:

_____ Highway

_____ Non - Highway

Do you carry a load in the vehicle, what percentage of the time?

To access the load in the caged area of the vehicle, what is your preference (please circle)?

Hatch only

Back passenger doors + Hatch

Does not matter

Is your vehicle suitable to carry out your job, if not, why not?
