

**ARIZONA DEPARTMENT OF TRANSPORTATION  
EQUIPMENT SERVICES**

**INSTRUCTIONS**

Any experimental change, design modification, installation or removal of attachments or accessories proposed for Equipment Services equipment is to be done only after approval by a Regional Equipment Manager, the Fleet Manager or the Equipment Services Administrator. The request must show justification for the action and will be approved by the proper authority within the operation unit. Refer to ADOT Policy SUP-6.10 for further instructions.

Make Copies for distribution as indicated at the bottom of this form. Submit copies 1, 2 and 3 to local Shop supervisor for cost estimate and forward to Equipment Services. Submit sketch if appropriate.

Equipment No. \_\_\_\_\_ ORG: \_\_\_\_\_ Date: \_\_\_\_\_

Explanation of proposed change with justification:

ORG SUPERVISOR SIGNATURE	DATE
BUDGET UNIT MANAGER SIGNATURE	DATE

**REMARKS:**

EQUIPMENT SERVICES USE ONLY			
Direct Bill ORG	_____		
LOCAL SHOP SUPERVISOR SIGNATURE	DATE	\$ Estimated Cost	
AUTHORIZED EQUIPMENT SERVICES SIGNATURE	DATE	Approved	Disapproved
Work Order Number	_____	\$ Actual Cost	
Copies 2 and 3 to be returned to Shop Supervisor and originating ORG after Equipment Services action.			