Asset Self-Certification Form

Agency Name

Address

Point of Contact Name

Email

Phone Number

Asset Type

Vehicle ☐

Equipment (including shelters) ☐

Facility ☐

Other

Asset Description

Current Condition of Asset

Asset ID/Serial Number

Date of Acquisition

Additional Vehicle Information (if applicable)

Year

Make and Model

Current Mileage

VIN

License Plate Number

Certification Statement

By signing below, I certify that the asset described above will be used and maintained in compliance with all applicable federal requirements. Any federal interest, if applicable, will be tracked and returned as outlined in 2 C.F.R. Part 200 and FTA Circular 5010.1F.

Name and Title

Signature

Date

Completed Forms MUST be Submitted to Metro for Approval

Metro