

## DELIVERY OF VEHICLES FUNDED BY SECTION 5317 (New Freedom) RECIPIENT RESPONSIBILITIES

Congratulations! Your new vehicle has been ordered. The Vendor (Dealership) will deliver it directly to you. As the grantee, you are responsible for the following:

### Before delivery of the vehicle

- Confirm vehicle insurance is filed with the Wisconsin Department of Transportation Motor Carrier Insurance Office.**

Telephone: 608-266-1356

FAX: 608-266-6689

If you lease the vehicle to another agency, their insurance will cover the vehicle. If your insurance company filed a:

- *Blanket filing* (Form E) - any/all new vehicles will be covered automatically.
- *Scheduled filing* (lists each vehicle in use) - the insurer must submit an amended schedule that includes the new vehicle or a blanket filing to replace the scheduled filing.

### On the day the vehicle is delivered

- Conduct Vehicle Inspection and Road Test** (Attachment A).  
Assure vehicle complies with bid specifications. Contact the vendor immediately to arrange for correction of any deficiencies.
- Sign and keep a copy of the following certificates**  
Retain these and the supporting documentation provided to you by the vendor throughout the useful life of the vehicle, and a minimum of three years following its retirement and disposal.
  - **Post-Delivery Purchaser's Requirements Certification** (Attachment B).
    - Keep with the Vehicle Inspection and Road Test Report.
  - **Post-Delivery Buy America Compliance Certification** (Attachment B).  
The vendor must provide to you:
    - A final list of major components and sub-assemblies made in the U.S.,
    - The calculated percentage of total manufacturer's cost for each item
    - The actual final assembly location;
    - A list of actual activities that took place during final assembly; and
    - The total cost of final assembly. (60% or more of the value of the components must be manufactured in the United States and final assembly must be made in the U.S). Note: For Daimler-Chrysler vans manufactured in Canada, *FTA Waiver* should be indicated.
  - **Post-Delivery FMVSS Compliance Certification** (Attachment B).
    - Verify the manufacturer's FMVSS certification sticker is on the vehicle.

### The above inspections and certifications must be completed BEFORE the following steps are completed:

- Assure Application for Title (MV11) is correct. Sign and give the pink copy to the vehicle delivery driver as a receipt for vehicle delivery (Attachment D).**  
Keep a copy. **Note:** Your agency name (or lessee agency name if applicable) on the MV11 must precisely show the same name as it appears on your incorporation documents **and**

the Motor Carrier insurance filing. Add operator's insurance number to facilitate registration process (e.g. WI-34567).

- Submit original Manufacturer's Certificate/Statement of Origin (provided to you by Vendor) to DMV with the MV11 form. Mail to:**

Division of Motor Vehicles  
P. O. Box 7926  
Madison, Wisconsin, 53707-7926

Keep a copy.

### After the vehicle is delivered and before you put it into service:

- Arrange for Two-Way Communications Equipment Installation**

#### Mail the following documentation to:

Bureau of Transit and Local Roads  
P.O. Box 7913  
Room 951  
Madison, Wisconsin, 53707-7913

- Copy of the completed Vehicle Inspection & Road Test Report (Attachment A)
- Original Post-Delivery Purchaser's Requirements Certification (Attachment B)
- Original Post-Delivery Buy America Compliance Certification (Attachment B)
- Original Post-Delivery FMVSS Compliance Certification (Attachment B)
- Vehicle Acceptance Letter notifying the DOT Section 5317 Program Manager of acceptance of the vehicle (Attachment C)
- Copy of completed MV11-Application for Title (Attachment D)

**Tips for Completing the Application for Title (MV11)  
(See Attachment D)**

**Note:** These are only tips – not complete instructions. Complete instructions are printed on the MV11 Form. If you have additional questions, please contact the Division of Motor Vehicles at 608-266-1466.

- A. Recipient/Owner name must be exactly as it appears on the agency's incorporation documents and the Motor Carrier Insurance filing. For counties, the county name should be on the first line, the department on the second line, or at least separated from the county name by a comma or dash.
- B. Wisconsin license number to transfer – NONE. Human Service Vehicle plates stay on the vehicle when sold, they are never transferable to another vehicle.
- C. The Secured Party is the WisDOT Bureau of Transit and Local Roads, P.O. Box 7913, Room 951, Madison WI 53707-7913. Secured Party No. is 039337. Phone is 608-266-1379.
- D. Tax exemption code number is 8 followed by your state tax exempt number (example: 8 - ES1234) or for a local public body the code number is 4 followed by your state tax exempt number (example: 4 - ES2345).
- E. On the back of the first page - Section H - indicate the type of license. Enter total number of passengers (includes driver).
- F. Mail the registration package and the required fees to the address listed on the MV11 form.



**ATTACHMENT B**

**CERTIFICATIONS**  
Recipient signs all three (3) forms

**Post-Delivery Purchaser' Requirements Certification**

As required by Title 49 of the CFR, Part 663 – Subpart C, after visually inspecting and road testing the contract {bus(es), van(s)},

\_\_\_\_\_ (the recipient) certifies that the \_\_\_\_\_ (number and description of vehicle) from \_\_\_\_\_ (the manufacturer), meet the contract specifications.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title \_\_\_\_\_

**Post-Delivery Buy America Compliance Certification**

As required by Title 49 of the CFR, Part 663 – Subpart C, \_\_\_\_\_ (the recipient) certifies that it is satisfied that the {bus(s), van(s)} received,

\_\_\_\_\_ (number and description of vehicles) from \_\_\_\_\_ (the manufacturer), meet the requirements of Section 165(b)(3) of the Surface Transportation Assistance Act of 1982, as amended. The recipient  or its appointed analyst  \_\_\_\_\_

(the analyst – not the manufacturer or its agent), has reviewed documentation provided by the manufacturer, which lists (1) the actual component and subcomponent parts of the {bus(es), van(s)} identified by the manufacturer, country of origin, and cost; and (2) the actual location of the final assembly point for the {bus(es), van(s)}, including a description of the activities that took place at the final assembly point and the cost of final assembly.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**ATTACHMENT B**

**CERTIFICATIONS**  
Recipient signs all three (3) forms

**Post-Delivery FMVSS Compliance Certification**

As required by Title 49 of the CFR, Part 663 – Subpart D,  
\_\_\_\_\_ (the  
recipient) certifies that it received, at the post-delivery stage, a copy(ies) of  
\_\_\_\_\_ (the manufacturer)  
self-certification information stating that the  
\_\_\_\_\_ (number and  
description of vehicle), comply with the relevant Federal Motor Vehicle Safety Standards  
issued by the National Highway Traffic Safety Administration in Title 49 Code of Federal  
Regulations, Part 571

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**ATTACHMENT C**  
EXAMPLE of Vehicle Acceptance Letter

**USE YOUR AGENCY LETTERHEAD**

*Date of Letter*

Wisconsin Dept. of Transportation  
Bureau of Transit, Local Roads, Railroads & Harbors  
Attn: Ingrid Koch, Section 5317 Program Manager  
P. O. Box 7913  
Madison, WI 53707-7913

Dear Ms. Koch:

The following vehicle has been delivered, inspected and is accepted:

| VIN # | Model Year | Make | Vehicle Type |
|-------|------------|------|--------------|
|       |            |      |              |

I hereby certify that the Federal interest on this vehicle is protected either by an insurance policy or self insurance.

The documents required by WisDOT and FTA are enclosed.

Sincerely,

*(Signature)*

Name

Title