## State of Hawaii Department of Transportation Statewide Transportation Planning Office

## FTA Funded Vehicle De-Obligation Application

Select	Vehicle	Classification	GVWR(lbs)	Length(feet)	Seats	Useful Life
	Large, heavy- duty transit buses	Class 8	33,001lbs or more	35' - 40' ft	35 - 40	12 years of service or 500,000 miles
	Medium-size, heavy-duty transit buses	Class 7	26,001 to 33,000 lbs	30' ft	30 - 35	10 years of service or 350,000 miles
	Medium-size, medium-duty transit buses	Classes 3, 4, 5 or 6	10,001 to 26,000 lbs	25' - 35' ft	16 - 30	7 years or of service or 200,000 miles
	Medium-size, light-duty transit buses	Class 2	6,001 to 10,000 lbs	25' - 35' ft	12 – 16	5 years or of service or 150,000 miles
	Other light-duty vehicles such as small buses and regular and specialized vans	Class 1	6,000lbs or less	Less than 25' ft	14 or less	4 years or of service or 100,000 miles

See also: FTA Circular 9070.1H, November 1, 2024; Chapter VI, Page VI-I, Section 2, Equipment Management; Gene										
I. Organization Information										
A. Name of Su	ub-Recipient Org	ganization	C. Telephone Number							
D 411			D. Fax Number							
B. Address										
			E. Email Address							
City	State	Zip								
II. Project Information  A. Vehicle Description (Year, Make, Model)										
Year:	Make:	viake, iviouei)	Model:							
B. Vehicle Mi			D. Date vehicle was placed Into service							
D. Verlicle Wil	leage		D. Date verilcle was placed into se	IVICE						
C Vehicle Lice	ense Plate Numl	ner	E. Vehicle Identification Number (V	/INI)·						
O. Verlicle Lice	silse i late i vuilli	Jei	L. Verlicle Identification Number (V	IIV).						
		ollowing supporting	g documents. Place "X" in Boxes							
	e De-Obligation		Copy of current vehicle registr							
	Blue Book value		Color photo of front & rear licer							
	current vehicle		☐ Color photo of odometer readi☐ Copy of current vehicle title	ng						
Color photos of vehicle's interior/exterior Copy of current vehicle title										
IV. Vehicle Specifications or Alterations										
Number of Wheelchair Accommodations										
Number of Passenger Seats (incl. driver)										
Cutawa	Cutaway Van Minivan (circle one)									
	, , , , , , , , , , , , , , , , , , , ,									
III-FIOC	In-Floor Wheelchair Ramp or Lift Yes □ No □ (check one)									
V. Certification	by Recipient C	rganization								
	-	_	alf of the above-mentioned organization	for the de-						
I hereby certify that I am authorized to act on behalf of the above-mentioned organization for the de- obligation of the subject vehicle and that the information in this form and all attachments are true and										
correct.										
Signature			-							
Print Name										
V. Hawaii State Department of Transportation Use Only										
Recommendation and Comments:										
Approved	Disapproved Si	gnature:	Date:							