

Attachment – Non-Concessionaire Commercial Vehicle Schedule (MUST BE TYPED OR PRINTED)
* Please note any wheelchair accessible (ADA) vehicles with an asterisk (*) adjacent to Vehicle #.

Name of Company: _____

VEHICLE#: _____ COMPANY CAR#: _____

Vehicle Class: _____ Length: _____ Width _____ Height: _____

#Seats (include Driver): _____ Vehicle Color: _____ Year: _____

Make: _____ Model: _____ Type**: _____

State & Tag#: _____ Exp. Date: _____

Entire VIN#: _____

City VFH: # _____ Exp. Date _____

DOT or ARC#: _____ Seller of Travel Registration #: _____

OFFICE USE ONLY:

Permit #: _____ Class: _____ Date Issued/Initials: _____

Input Date: _____ Date Cancelled: _____

Permit #: _____ Class: _____ Date Issued/Initials: _____

Input Date: _____ Date Cancelled: _____

Barcode #: _____ Date Issued/Initials: _____

Input Date: _____ Date Cancelled: _____ Last Used: _____

Barcode #: _____ Date Issued/Initials: _____

Input Date: _____ Date Cancelled: _____ Last Used: _____

VEHICLE#: _____ COMPANY CAR#: _____

Vehicle Class: _____ Length: _____ Width _____ Height: _____

#Seats (include Driver): _____ Vehicle Color: _____ Year: _____

Make: _____ Model: _____ Type**: _____

State & Tag#: _____ Exp. Date: _____

Entire VIN#: _____

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