

VEHICLE ID FORM

When a new vehicle is received please complete this form and return to:

Office of Management Services
Catholic Center
P.O. Box 1410
Indianapolis, IN 46206-1410

Parish/Agency: _____ # _____

Date: _____ Date Vehicle Obtained _____

Prepared By: _____

Make _____ Model _____

Year _____ VIN # _____

Indicate Which: _____ Owned _____ Leased

If Leased, Name of Lessor to be listed on policy: _____

Automobile _____ (If Automobile, No further information is required)

Other _____ (Please continue with appropriate section)

If a **pick-up truck**:

Standard Bed _____

Specialized Bed _____ Please describe: _____

If a **Van**:

Cargo Van _____

Does it have any seats other than driver seat? _____ Yes _____ No

If yes, how many other seats _____

Passenger Van _____

Rated Capacity for number of passengers *including* driver _____

How many seats _____

Please describe what purpose the parish/school/agency intends to use the Van for: _____

Over

If a School Bus:

Rated Capacity for Number of Passengers _____

Is bus fully equipped with all School Bus identifications, including flashing lights, cross-arm Stop indicator, etc? _____ Yes _____ No

Purpose for having bus _____

If a Truck other than a pick-up truck:

Rated Size _____

Type of Body:

Dump Bed _____

Van Body _____

What Size Van Body _____

Other (please describe) _____

If a Trailer:

Number of axles _____

Type of Trailer

Flat Bed _____ what size _____

Enclosed Trailer _____ what size _____

Other _____

Explain _____

Purpose of Trailer _____

Should you have questions concerning this form, please contact Office of Management Services at 800/382-9836 ext 1452 or 236-1452.