



AUTHORIZED VEHICLE LIST

COMPANY NAME _____ AGRMT # _____

CONTACT NAME: _____ PHONE: _____ DATE: _____

By submitting this form you certify that the information submitted is true and correct and that all vehicles listed are in compliance with all aspects of the Ground Transportation Program, including but not limited to appearance, markings maintenance and insurance requirements.

INSTRUCTIONS:

Enter only current, active vehicles onto form. Delete any inactive vehicles prior to submitting the updated form.

Add additional lines for more vehicles, as needed

Before submitting the completed form to Ground Transportation, save the completed form for use with future updates to your fleet.

A current Accord insurance certificate showing vehicles are covered to correct amounts must be submitted with this form.

Vehicle Year	Vehicle Make	Vehicle Model	License Plate	Vin (last 6)	Co. Veh. Number	Seats w/ driver	AVI Tag Number	Decal Number
							E02202B4	
							E02202B4	
							E02202B4	
							E02202B4	
							E02202B4	
							E02202B4	
							E02202B4	
							E02202B4	
							E02202B4	
							E02202B4	
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