

2017 SUV/Crossover Request Form (Part 1 of 2)

New Unit ID #

For office use only



- ☐ Replacement Vehicle
☐ New Vehicle Request # _____ [Please number each new request in sequence, 1,2,3 etc]

VEMA Customer #

1. Replacement Vehicle Information (if replacing a vehicle, please indicate the following)

Existing Unit #

Existing Licence Plate #

2. Contact Information

Organization Name

Date Submitted

(yyyy-mm-dd)

Completed by

Phone

Fax

Email

3. Vehicle Details (Use SUV/Crossover Spec Catalogue Only)

Specification #

Description

Additional Information

4. Expected Use

Assignment Type

Driver Information

☐ Assigned to driver

Name:

Phone:

☐ Shared Pool Vehicle

Email (if applicable):

Est. Annual Distance:

kms

Base Location :

Vehicle Use ☐ Driver Only ☐ Passenger ☐ Hauling Goods ☐ Other (specify) _____

Driving Conditions

City Off-Road Highway Gravel Other Specify

% % % % % %

5. Factory Options

Body Style	Seating	Engine Size	Standard Equipment
Select SUV or Crossover only <input type="checkbox"/> SUV <input type="checkbox"/> Compact <input type="checkbox"/> Full Size <input type="checkbox"/> Suburban Style OR <input type="checkbox"/> Crossover <input type="checkbox"/> Compact <input type="checkbox"/> Full Size	Total # of Passengers, including Driver _____ First Row – Buckets <input type="checkbox"/> Power (Driver's Seat) Second Row <input type="checkbox"/> Buckets <input type="checkbox"/> Bench <input type="checkbox"/> Fold Flat Third Row (if applicable) <input type="checkbox"/> Bench <input type="checkbox"/> Fold Flat	<input type="checkbox"/> 4 Cyl <input type="checkbox"/> 6 Cyl <input type="checkbox"/> 8 Cyl Fuel Type <input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel (for higher kms/towing) <input type="checkbox"/> Hybrid (gas/electric) <input type="checkbox"/> Electric	<input type="checkbox"/> 4x2 OR <input type="checkbox"/> 4x4/All Wheel Drive <input type="checkbox"/> Bluetooth /Hands-Free <input type="checkbox"/> Factory Remote Start <input type="checkbox"/> Factory Security System (activates lights and horn only)

6. ☐ Requesting VEMA-installed options? Please complete Part 2 for EACH vehicle, if required.

Vehicle Coordinator Signature

Date (yyyy-mm-dd)

2017 SUV/Crossover Request Form: VEMA-installed Options (Part 2 of 2 — If Required)



☐ Replacement Vehicle
☐ New Vehicle Request # _____ [Please number each new request in sequence, 1,2,3 etc]

VEMA Customer # _____

Existing Unit # _____

Existing Licence Plate # _____

1. Contact Information for VEMA-installed Options

(if ordering options, indicate who to call for details)

Contact Name _____

Phone _____

Email _____

2. Lighting Options

Light Bar	<input type="checkbox"/> Whelen Legacy Duo, Super-LED	
Mini Light Bar	(if required, please select one) <input type="checkbox"/> Permanent Mount (wired in with switch) <input type="checkbox"/> Magnetic Mount (plugs into 12V power source)	
Traffic Advisor (controller included)	(if required, please select one) <input type="checkbox"/> Whelen LINEAR6 Linear Super LED front load, 8 module (2 3/8"x 45 1/8") <input type="checkbox"/> Whelen 500 Series Linear Super LED front load, 12 module (16"x 46") <input type="checkbox"/> Whelen 500 Series Linear Super LED front load, 16 module (23"x 46")	
Light Heads <input type="checkbox"/> Front and/or <input type="checkbox"/> Rear	<input type="checkbox"/> Whelen LINZ6 Super LED Low Profile Lights <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/> Whelen VERTEX Super LED Low Profile Lights <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Whelen ION Surface Mount Super LED Low Profile Lights <input type="checkbox"/> Red/Blue <input type="checkbox"/> Blue <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/> White	

3. Computer and Communication Equipment

(select type of equipment, if required)

Computer-Mounted Equipment <input type="checkbox"/> Docking Station <input type="checkbox"/> Computer Mount Specify make/model of your computer Make _____ Model _____	Communication Equipment <input type="checkbox"/> Transfer Existing Equipment Model _____ Asset Tag # _____ <input type="checkbox"/> New Equipment Request Model #1: _____ Model #2: _____ <input type="checkbox"/> Provided by customer <input type="checkbox"/> Ordered by Radio Services
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4. Miscellaneous Accessories and Tires

<input type="checkbox"/> Booster Cables <input type="checkbox"/> Bug Screen <input type="checkbox"/> Decals/Markings Pkg: _____ <input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Mud Flaps <input type="checkbox"/> Screen Partition <input type="checkbox"/> Shovel <input type="checkbox"/> Survival Kit (food, candle, stove) <input type="checkbox"/> VEMA Duffel Bag <input type="checkbox"/> Blacked-out Window Tint (limited visibility)	Tires (please see the VEMA-installed Options List) <input type="checkbox"/> Mountain Snowflake (year-round) <input type="checkbox"/> Winter Ice Radials (includes rims with Low Tire Pressure Sensors - if available) <input type="checkbox"/> Non-Standard Specify (VEMA is not responsible for tire storage)
Running Boards (if required, please select one) <input type="checkbox"/> Tubular <input type="checkbox"/> Fiberglass		

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- ☐ Replacement Vehicle
☐ New Vehicle Request # _____ *[Please number each new request in sequence, 1,2,3 etc]*

VEMA Customer #

Existing Unit #

Existing Licence Plate #

1. Contact Information for VEMA-installed Options

(if ordering options, indicate who to call for details)

Contact Name

Phone

Email

5. Trailer Hitch and Wiring

(please see the VEMA-installed Options List, page 1 — if required, check one from each column only)

Hitch Class	Ball Size	Trailer Plug In	
<input type="checkbox"/> Class 2 (up to 3,500 lbs.) <input type="checkbox"/> Class 3 (3,500 - 5,000 lbs.) <input type="checkbox"/> Class 4 (5,000 – 8,000 lbs) <input type="checkbox"/> Class 5 (up to 10,000 lbs)	<input type="checkbox"/> 1 7/8" <input type="checkbox"/> 2" <input type="checkbox"/> 2 5/16"	<input type="checkbox"/> 4 Pin <input type="checkbox"/> 6 Pin <input type="checkbox"/> 7 Pin	<input type="checkbox"/> Electric Brakes <i>(Optional)</i>

Important! ONLY those requirements identified on this form, when submitted to VEMA, will be installed on this vehicle.