

2017 Sedan Request Form (Part 1 of 2)

New Unit ID #

For office use only



<input type="checkbox"/> Replacement Vehicle <input type="checkbox"/> New Vehicle Request # _____ [Please number each new request in sequence, 1,2,3 etc]	VEMA Customer #
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1. Replacement Vehicle Information (if replacing a vehicle, please indicate the following)

Existing Unit #	Existing Licence Plate #
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2. Contact Information

Organization Name		Date Submitted (yyyy-mm-dd)
Completed by	Phone	Fax
Email		

3. Vehicle Details (Use Sedan Spec Catalogue Only)

Specification #	Description
Additional Information	

4. Expected Use

Assignment Type <input type="checkbox"/> Assigned to driver <input type="checkbox"/> Shared Pool Vehicle	Driver Information Name: _____ Phone: _____ Email (if applicable): _____
Est. Annual Distance _____ Kms	Base Location _____
Vehicle Use <input type="checkbox"/> Driver Only <input type="checkbox"/> Passenger <input type="checkbox"/> Hauling Goods <input type="checkbox"/> Other (specify) _____	
Driving Conditions	
City _____ % Off-Road _____ % Highway _____ % Gravel _____ % Other _____ % Specify _____	

5. Factory Options

Body Style <input type="checkbox"/> Sedan <input type="checkbox"/> Hatch Back <input type="checkbox"/> Station Wagon	Seating <input type="checkbox"/> Bucket <input type="checkbox"/> Bench (Full Size Sedan only) <input type="checkbox"/> Power (Driver's Seat)	Engine Size <input type="checkbox"/> 4 Cyl <input type="checkbox"/> 6 Cyl <input type="checkbox"/> 8 Cyl
Fuel Type <input type="checkbox"/> Unleaded <input type="checkbox"/> Hybrid (gas/electric) <input type="checkbox"/> Diesel <input type="checkbox"/> Electric		Standard Equipment <input type="checkbox"/> 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 Sedan 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 Only (if ordering options, please indicate the contact below for details)

Contact Name _____

Phone _____

Email _____

2. Computer and Communication Equipment (select type of equipment, if required)

Computer-Mounted Equipment

- ☐ Docking Station ☐ Computer Mount

Make _____

Model _____

Communication Equipment

- ☐ Transfer Existing Equipment

Model _____ Asset Tag # _____

- ☐ New Equipment Request

Model #1: _____ Model #2: _____

- ☐ Provided by customer ☐ Ordered by Radio Services

4. Miscellaneous Accessories and Tires

- ☐ Booster Cables
☐ Decals/Markings
Pkg: _____
☐ First Aid Kit

- ☐ Mud Flaps
☐ Shovel
☐ Survival Kit (food, candle, stove)
☐ VEMA Duffel Bag
☐ Blacked-out Window Tint (**limited visibility**)

Tires

(please see the VEMA-installed Options List)

- ☐ Mountain Snowflake (year-round)
☐ Winter Ice Radials (includes rims with Low Tire Pressure Sensors - **if available**)

(VEMA is not responsible for tire storage)

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"/> 1 7/8" <input type="checkbox"/> 2"	<input type="checkbox"/> 4 Pin <input type="checkbox"/> 6 Pin <input type="checkbox"/> 7 Pin	<input type="checkbox"/> Electric Brakes (Optional)

Important!

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