

# 2017 Van 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 Van Spec Catalogue Only)

Specification #	Description
Additional Information	

## 4. Expected Use

Assignment Type	Driver Information	
<input type="checkbox"/> Assigned to driver <input type="checkbox"/> Shared Pool Vehicle	Name: Email (if applicable):	Phone:
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	Seating	Windows	Standard Equipment
<b>Mini Van</b> <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger	<b>Total # of Passengers, including Driver</b> _____	<b>(For Cargo Vans Only)</b> <input type="checkbox"/> Side Door(s) <input type="checkbox"/> Rear Door(s)	<input type="checkbox"/> 2-Wheel Drive <input type="checkbox"/> All Wheel Drive (limited available) <input type="checkbox"/> Front and Rear A/C <input type="checkbox"/> Rear Heat <input type="checkbox"/> Bluetooth / Hands-Free <input type="checkbox"/> Factory Remote Start <input type="checkbox"/> Factory Security System <b>(activates lights and horn only)</b>
<b>Full Size Van</b> <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger <input type="checkbox"/> Maxi - Long <input type="checkbox"/> Maxi - Extra Long <input type="checkbox"/> 1/2 Ton <input type="checkbox"/> 3/4 Ton <input type="checkbox"/> 1 Ton GVW _____	<b>First Row – Buckets</b> <input type="checkbox"/> Power (Driver Seat)	<b>Engine Size</b> <input type="checkbox"/> 4 Cyl <input type="checkbox"/> 6 Cyl <input type="checkbox"/> 8 Cyl	<input type="checkbox"/> Driver's Side - Side Door <b>(Full Size Vans Only – Medium or High roof only)</b>
<b>Roof Height (for full size only)</b> <input type="checkbox"/> Regular <input type="checkbox"/> Medium <input type="checkbox"/> High	<b>Second Row (if applicable)</b> <input type="checkbox"/> Buckets <input type="checkbox"/> Stow-Away <input type="checkbox"/> Bench <input type="checkbox"/> Fold Flat	<b>Fuel Type</b> <input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <b>(for higher kms/towing)</b> <input type="checkbox"/> Hybrid (gas/electric) <input type="checkbox"/> Electric	<b>Specialty Vans</b> <input type="checkbox"/> VEMA-installed Prisoner Transport Insert <input type="checkbox"/> New <input type="checkbox"/> Transfer Existing
	<b>Third Row (if applicable)</b> <input type="checkbox"/> Bench <input type="checkbox"/> Stow-Away		

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

Vehicle Coordinator Signature \_\_\_\_\_

Date (yyyy-mm-dd) \_\_\_\_\_

## 2017 Van Request Form:

### VEMA-installed Options (Part 2 of 2 — If Required)



<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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Existing Unit # _____	Existing Licence Plate # _____
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#### 1. Contact Information for VEMA-installed Options

(if ordering options, please indicate the contact below for details)

Contact Name _____	Phone _____
Email _____	

#### 2. Lighting Options (Trucks and Vans Only)

Refer to the "VEMA-installed Options List" to ensure you are selecting the proper item(s).

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 <b>and/or</b> <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

#### 4. Computer and Communication Equipment

(select type of equipment, if required)

<b>Computer-Mounted Equipment</b> <input type="checkbox"/> Docking Station <input type="checkbox"/> Computer Mount  Make _____ Model _____	<b>Communication Equipment</b> <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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#### 5. 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 (excludes units with stow-away seating) <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 <b>(limited visibility)</b>	<b>Tires</b> <b>(please see the VEMA-installed Options List)</b> <input type="checkbox"/> Mountain Snowflake (year-round) <input type="checkbox"/> Winter Ice Radials (includes rims with Low Tire Pressure Sensors - <b>if available</b> ) <input type="checkbox"/> Studded  <b>(VEMA is not responsible for tire storage)</b>
<b>Running Boards (if required, please select one)</b> <input type="checkbox"/> Aluminum <input type="checkbox"/> Specialty		

## 2017 Van Request Form:

### VEMA-installed Options (Part 2 of 2 — If Required)



<input type="checkbox"/> Replacement Vehicle
<input type="checkbox"/> New Vehicle Request # _____ <i>[Please number each new request in sequence, 1,2,3 etc]</i>

VEMA Customer #
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Existing Unit #	Existing Licence Plate #
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#### 1. Contact Information for VEMA-installed Options

*(if ordering options, please indicate the contact below for details)*

Contact Name	Phone
Email	

#### 6. 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) <i>mini van only</i>	<input type="checkbox"/> 1 7/8"	<input type="checkbox"/> 4 Pin	<input type="checkbox"/> Electric Brakes <i>(Optional)</i>
<input type="checkbox"/> Class 3 (3,500 – 5,000 lbs) <i>mini/full size van</i>	<input type="checkbox"/> 2"	<input type="checkbox"/> 6 Pin	
<input type="checkbox"/> Class 4 (5,000 – 8,000 lbs) <i>full size van only</i>	<input type="checkbox"/> 2 5/16"	<input type="checkbox"/> 7 Pin	

#### Important!

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