

PRE-PURCHASE EQUIPMENT MODIFICATION REQUEST FORM

Date: _____

Owning Agency		Agency Contact		Agency Telephone	
Agency Address		City		State	Zip
Type of Equipment	Year	Make	Model		Sub-Model
Mileage	Transmission			Engine: Number of Cylinders	
	Standard		Automatic		
Tire Size	Equipment Gross Vehicle Mass (GVM)		Towed Equipment Gross Vehicle Mass		
GVWR Front		GVWR Rear		GVWR Total	
Gross Combined Weight Rating (GCWR)					

TYPE OF MODIFICATION REQUESTED (include drawings, specifications, etc. when appropriate)

JUSTIFICATION

Supervisor Name		Supervisor Title		Signature
Inspector Approval Status			Inspector Signature	
Approved		Not Approved		