

POST-PURCHASE EQUIPMENT MODIFICATION REQUEST FORM

Date: _____

Owning Agency		Agency Contact		Agency Telephone	
Agency Address		City		State	Zip
License Number	Vehicle Identification Number (VIN) or Serial Number			Equipment Number	
Type of Equipment	Year	Make	Model		Sub-Model
Mileage	Transmission Standard Automatic			Engine: Number of Cylinders	
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

Attach two (2) written bids for above describe modifications

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