## 2018 Sedan Request Form (Part 1 of 2)

New Unit ID #
For office use only



Replacement Vehicle		VEMA Customer #									
New Vehicle Request # (Please number each new request in sequence, 1, 2, 3 etc.)											
1. Replacement Vehicle Information (If replacing a vehicle, please indicate the following)											
Existing Unit # Existing Licence						late #					
2. Contact Information											
Organization Name		Date Submitted (yyyy-mm-dd)									
Completed by				ax							
Email											
3. Vehicle Details (Use Sedan Spec Catalogue only)											
Specification # Description											
Additional Information											
A. Forestad Han											
4. Expected Use Assignment Type	Driver Information										
Assigned to driver	Name:		Pł	none:							
☐ Shared Pool Vehicle											
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			Engir			ne Size					
☐ Sedan	☐ Buc				4 Cyl						
Hatch Back	<del></del>				] 6 Cy						
Station Wagon	Power (Driver's Seat) 8 Cyl										
Fuel Type	Standard Equipment										
Unleaded		☐ Al									
☐ Hybrid (gas/electric) ☐ Diesel	☐ Factory Remote Start ☐ Factory Security System (activates lights and horn only)										
☐ Electric	i actory security system (activates lights and norm only)										
6. Requesting VEMA-installed options? Please complete Part 2 for EACH vehicle, if required.											
Vehicle Coordinator Signature Date (yyyy-mm-dd)											

## 2018 Sedan Request Form VEMA-installed Options (Part 2 of 2 – if required)



Replacement Vehicle						VEMA Customer #		
☐ New Vehicle Request # (Please number each new request in sequence, 1, 2, 3 etc.)								
Existing Unit #			Existing Licence Plate #					
Contact Information for VE     If ordering options, please ind	-	-						
Contact Name		Phone						
Email								
2. Computer and Communica Select type of equipment, if re								
Computer-Mounted Equipment			Communication Equipment					
☐ Docking Station ☐ Computer Mount		Trar	nsfer Existii	ng Equipment				
		Model			Asset Tag #			
		☐ New Equipment Request						
Make		Model #1:			Model #2:			
		Provided by customer		ustomer				
3. Miscellaneous Accessories If required, please select all the Booster Cables Decals/Markings Pkg #:		ıdle. stov	e)	☐ All-weather	Mountair	A-installed Options List)  Snowflake (year-round)		
First Aid Kit	☐ VEMA Duffel Bag ☐ Blacked-out Window Tint (limited visibility)			Winter Ice Radials (includes rims with Low Tire Pressure Sensors - if available)  VEMA is not responsible for tire storage				
4. Trailer Hitch and Wiring (p If required, check only one from	each column	led Optic						
Hitch Class	Ball Size		Tra	ailer Plug In				
☐ Class 2 (up to 3,500 lbs) ☐ Class 3 (3,500 - 5,000 lbs)	☐ 1½" ☐ 2"			4 Pin 6 Pin 7 Pin		☐ Electric Brakes		

## Important!

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