Name of Company: _____

Number of Vehicles to be operated: _____

PLEASE MAKE ADDITIONAL COPIES AS NEEDED.

VEHICLE 1	VEHICLE 2
Make: _____	Make: _____
Model: _____	Model: _____
Color: _____	Color: _____
License Plate Number: _____	License Plate Number: _____
Passenger Capacity: _____	Passenger Capacity: _____
Year of Vehicle: _____	Year of Vehicle: _____
VEHICLE 3	VEHICLE 4
Make: _____	Make: _____
Model: _____	Model: _____
Color: _____	Color: _____
License Plate Number: _____	License Plate Number: _____
Passenger Capacity: _____	Passenger Capacity: _____
Year of Vehicle: _____	Year of Vehicle: _____
VEHICLE 5	VEHICLE 6
Make: _____	Make: _____
Model: _____	Model: _____
Color: _____	Color: _____
License Plate Number: _____	License Plate Number: _____
Passenger Capacity: _____	Passenger Capacity: _____
Year of Vehicle: _____	Year of Vehicle: _____
VEHICLE 7	VEHICLE 8
Make: _____	Make: _____
Model: _____	Model: _____
Color: _____	Color: _____
License Plate Number: _____	License Plate Number: _____
Passenger Capacity: _____	Passenger Capacity: _____
Year of Vehicle: _____	Year of Vehicle: _____