

MUST BE TYPED OR PRINTED

Attachment - Non-Concessionaire Commercial Vehicle Schedule

\* Please note any wheelchair accessible (ADA) vehicles with an asterisk (\*) adjacent to Vehicle #.

COMPANY CAR#: [ ] Vehicle Length: [ ] Height: [ ] (only for N, V and C permits)

#Seats (include Driver): [ ] Vehicle Color: [ ] Year: [ ]

Make: [ ] Model: [ ] Type\*\*: [ ]

State & Tag#: [ ] Exp. Date: [ / / ] Seller of Travel: [ ]

Entire VIN#: [ ] City VFH #: [ ] Exp. Date: [ ]

This section is for OFFICE USE ONLY:

SOL Permit #: [ ] L/H Class: [ ] Date Issued/Initials: [ ]  
Input Date: [ ] Date Voided: [ ]

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Input Date: [ ] Date Voided: [ ]

EPASS/or/SUNPASS# [ ] We need a document verifying proof of the number

Omega Account#: [ ] Class: [ ] Input Date: [ ] Date Issued/Initials: [ ]  
Date Cancelled: [ ] Last Used: [ ]

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