**Non-Concessionaire Commercial Vehicle Schedule**

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

**COMPANY CAR #:** 

#Seats (include Driver): 

Vehicle Color: 

Year: 

Make: 

Model: 

Type: 

State & Tag #: 

Exp. Date: / / 

Seller of Travel: 

Entire VIN #: 

City VFH #: 

Exp. Date: 

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**This section is for OFFICE USE ONLY:**

**SOL Permit #:** 

L/H Class: 

Date Issued/Initials: 

Input Date: 

Date Voided: 

**SOL Permit #:** 

L/H Class: 

Date Issued/Initials: 

Input Date: 

Date Voided: 

**EPASS/or/SUNPASS#** 

We need a document verifying proof of the number

**OmegaAccount #:** 

Class: 

Input Date: 

Date Issued/Initials: 

Date Cancelled: 

Last Used:

**OmegaAccount #:** 

Class: 

Input Date: 

Date Issued/Initials: 

Date Cancelled: 

Last Used:

---

**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: 

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**This section is for OFFICE USE ONLY:**

**SOL Permit #:** 

L/H Class: 

Date Issued/Initials: 

Input Date: 

Date Voided: 

**SOL Permit #:** 

L/H Class: 

Date Issued/Initials: 

Input Date: 

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**OmegaAccount #:** 

Class: 

Input Date: 

Date Issued/Initials: 

Date Cancelled: 

Last Used:

**OmegaAccount #:** 

Class: 

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Date Issued/Initials: 

Date Cancelled: 

Last Used:

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