

## Vehicle Information Sheet

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Departments who own UTRGV vehicle(s) are responsible for completing this form to ensure that such vehicle(s) are added to the Institutional Blanket Insurance policy. Departments are also responsible for insurance payment of such vehicle(s).

*Note: This form should be submitted to the EHSRM department prior to the vehicle being driven by an employee.*

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Campus:           Brownsville           Edinburg           Harlingen           Other \_\_\_\_\_

Vehicle Custodian: \_\_\_\_\_

Vehicle Year / Make: \_\_\_\_\_

Vehicle Body Style: \_\_\_\_\_

VIN: \_\_\_\_\_

Vehicle Value: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Vehicle Dealer Name: \_\_\_\_\_

Vehicle Dealer Address: \_\_\_\_\_

Vehicle City / State: \_\_\_\_\_

Please fax complete form to EHSRM at 956-665-2699

Attention: Celia Saenz