

# HEAVY TRUCK FORM

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Year: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Make: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Model: \_\_\_\_\_

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

**Circle one of the following in each category:****Engine:** Gas Diesel**Brakes:** Hydraulic Air**Truck Type:** Pickup Cab-Chassis Tractor**Cab Type:** Regular Extended Cab 4-door (crew)

Sleeper Non-Sleeper

**Drive:** 2X4 4X4 6X4**Truck Body****Type:** Pick-up Bed Flatbed Dump Bed Grain Bed Utility Bed

Refrigerated Dry-Freight Refuse Cement

Other: \_\_\_\_\_

Is this vehicle a replacement vehicle? YES NO If yes, list vehicle replaced: \_\_\_\_\_

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**SIGNATURE OF OWNER OR AUTHORIZED AGENT****DATE**